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AUTHOR Jackson, Sondra; Mathews, Joanne L.
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ABSTRACT

Noting that the application of a child-centered, family-focused casework practice model has been difficult in kinship care, this training curriculum describes how to work with the "kinship triad," the child, the birth family, and the kinship caregiver, to provide the child with the greatest possible sense of connections and continuity. The program is directed to field practitioners currently providing services to children in kinship care, or preparing to do so, and is geared towards the needs after the decision has been made to place the child with the kinship caregiver. Part 1 of the manual delineates guiding principles for service delivery, presents characteristics of the kinship care delivery model, provides an overview of the curriculum, details trainer qualifications, and discusses ways to use the manual. Part 2 presents seven training modules for use by trainers, totaling 28 hours of training over 6 days: (1) introduction to kinship care; (2) kinship care service delivery model; (3) assessing the triad family system; (4) the extended family meeting; (5) intervention strategies and service techniques; (6) culturally competent kinship care; and (7) terminating services in kinship care. Each training module lists the competency to be covered, related learning objectives, the session length, participant resources, materials, and training content, with the activities numbered sequentially. Part 3 is an appendix listing worker competencies covered in each module. (Contains 21 references.) (KB)

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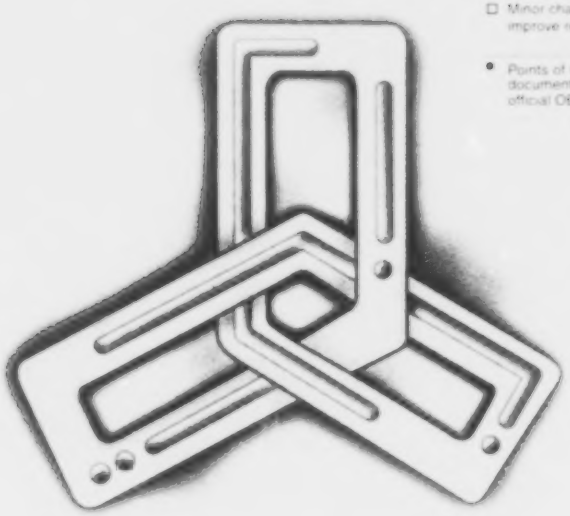

Supporting the Kinship Triad

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Developed by:

Sondra Jackson, MSW

and

Joanne L. Mathews, MSW

Edited by:

Maureen Leighton, MSW
Ronald Zuskin, MSW
Beth Spring, MS

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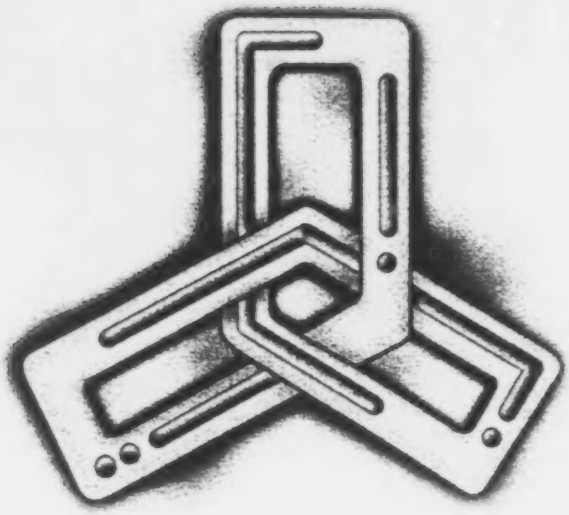

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WASHINGTON, DC

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440 First Street, N.W., Third Floor, Washington, DC 20001-2085
www.cwla.org
202/638-2639
fax 202/638-4004
e-mail: books@cwla.org

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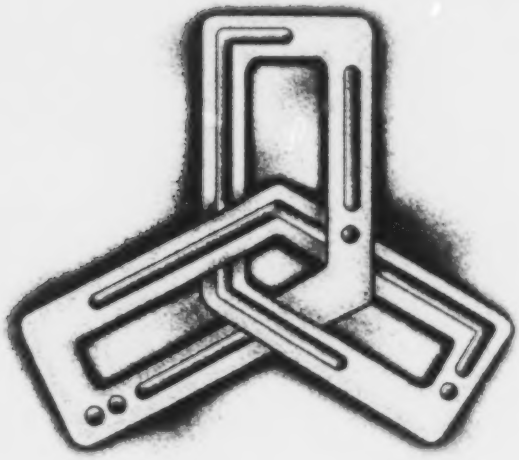
Part One



Introduction

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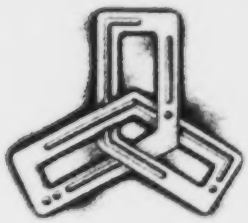

Introduction

Kinship Care and the Challenge to Case Practice

Child welfare practitioners have debated the best way to respond to the fastest growing population of children in out-of-home care in America—those in kinship care. Kinship care is defined as the full-time care, nurturing, and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with the child. This definition is designed to be inclusive and to respect cultural values and affective ties. While agreeing that kinship care plays an essential role in the array of child welfare service options, the system has been challenged regarding how services can best be delivered.

In *Kinship Care: A Natural Bridge,* the CWLA Kinship Care Policy and Practice Committee notes that kinship reflects the principles of child-centered, family-focused casework practice, and that this is the model of practice advocated as the unifying theme for child welfare services. Service delivery within this context focuses on family strengths, cultural competence, building a network of services, viewing family members as collaborative partners in service delivery, and working to prevent the unnecessary separation of children from their families. Interventions are provided to help enable the family to care for children, and provide the needed connections and continuity that ensure permanence.[1]

While a child-centered, family-focused view presents a uniform approach to service delivery, practitioners have struggled with its application to kinship care. From questioning whether kinship is an out-of-home service or a family preservation service, to struggling with how to view permanency outcomes in kinship situations, practitioners have had to reassess beliefs about what constitutes good practice. Kinship care may indeed support the principles of child-centered, family-focused practice. But how this is best done remains a challenge. The challenge is certainly greatest for those directly engaged in providing services to the child, the birth family, and the kinship caregiver—the "kinship triad."

Purpose

In clear and specific steps, this training describes how to work with the "kinship triad" to provide the child with the greatest possible sense of connections and continuity. The model includes a focus on

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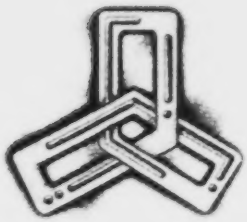

Introduction

strengths, cultural competence, and permanency planning, in keeping with the child-centered and family-focused approach.

Kinship care is an essential child welfare service. It is critical that field practitioners know how to assess, plan for, and support kinship ties. The purpose of *Supporting the Kinship Triad* is to provide a model for assessing, planning, and intervening with the kinship triad, so that the child's needs can be met more completely. The program is designed for field practitioners who are currently providing services to children in kinship care, or who are preparing to do so.

This training program addresses the kinship triad after the decision has been made to place the child with the kinship caregiver. It is not intended to address the initial decision-making process regarding whether to place a child in kinship care. It is designed primarily for those directly providing services to the kinship triad; however, other child welfare professionals also may benefit from participating.

Guiding Principles for the Delivery of Kinship Care Services

The model of practice presented in this training is based on the set of principles established by the CWLA North American Kinship Care Policy and Practice Committee in *Kinship Care: A Natural Bridge.*

1. Every child's family, however "family" is defined (including nuclear, blended, extended, tribe or clan, foster, or adoptive), is unique and has value, worth, integrity, and dignity.

2. All families have strengths. Positive change is promoted when family strengths are supported while family needs are addressed.

3. The most desirable place for children to grow up is in their own caring families, when those families are able to provide safe and nurturing relationships intended to last a lifetime.

4. When children are placed with kin, child welfare agencies should provide services to support the children's safety, growth, and healthy development. Children in formal kinship care are entitled to the same financial support services and protections that all children in the legal custody of the state receive.

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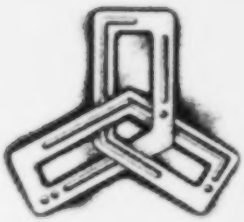

5. When children are placed with kin, child welfare agencies should support both the birth parents and kinship parents in their respective roles as nurturers, protectors, and teachers of the children in their care.

6. Child welfare agencies should work to ensure that kinship families have access to support, enrichment, and crisis intervention services that are comprehensive, coordinated, culturally responsive, and community based.

7. Child welfare agency staff members should recognize the different needs of the many racial, ethnic, and religious groups served by the child welfare system, and should be competent in working with a racially and culturally diverse population.[2]

Characteristics of the Kinship Care Delivery Model

The kinship care delivery model:

- uses family preservation as the approach to service delivery
- focuses on permanency planning
- recognizes the importance of culture in the child's life
- seeks to ensure the child's safety and well-being
- utilizes the extended family meeting as a primary component of decision-making for and by the family
- views kinship as an opportunity for partnership between the family caregivers and the agency on behalf of the child
- addresses resource needs to empower the extended family to sustain its support
- provides clear policy direction to ensure the delivery of an array of child welfare services
- provides flexible dollars for emergent, one-time-only, concrete needs
- calls for time-limited services
- emphasizes the need for reasonable caseloads
- uses a strengths perspective and a systems approach to service delivery

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Introduction

- utilizes specialized staff training programs for kinship service staff
- provides for support groups and training for relative caregivers

Competency-Based Training

Supporting the Kinship Triad is based on specific competencies (knowledge and skills) that are needed to successfully provide case management services for the child in kinship care. The learning objectives for the training sessions are designed to support the achievement of the competencies. The competency-based curriculum ensures that the training is tied directly to the job tasks and expectations of the field practitioner providing services to the kinship triad.

The competencies needed for successful case management in kinship care are listed in the Appendix.

Overview

Supporting the Kinship Triad contains 28 hours of curriculum designed to prepare the child welfare worker to handle the case management aspects of kinship care. The program utilizes a variety of training techniques that support adult learning.

Module I: Introduction to Kinship Care provides an overview of kinship care, including an explanation of its history. Relevant statistics, trends, research, and court cases are presented. Participants are encouraged to identify the qualities of out-of-home services and in-home services, and to consider where kinship care services fit.

Module II: A Kinship Care Service Delivery Model presents a model for services that is time-limited, culturally sensitive, strengths-based, and rooted in family preservation.

Module III: Assessing the Triad Family System assists practitioners in making the paradigm shift from assessing the dyad (child and birth family) to assessing the triad (child, birth family, and kinship family). It explains how the triad can contribute to the child's sense of connections and continuity, and how the triad provides the basis for permanency planning.

Module IV: The Extended Family Meeting teaches participants how to involve extended family in determining how they can help meet

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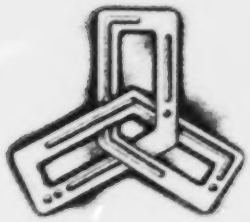

the child's needs for connections and continuity. Strategies for facilitating and utilizing the Extended Family Meeting are taught through the use of a role play activity. Assessing the capacity of extended family members to help meet the child's needs has traditionally been ignored in child welfare practice.

Module V: Intervention Strategies and Service Techniques focuses on teaching the worker to determine his/her role within the triad, create trust, encourage family interaction, build on family strengths, clarify issues of abuse and neglect, and make referrals for needed services. The use of the service plan is addressed, and there is a session on crisis intervention.

Module VI: Culturally Competent Kinship Care teaches that effective practice in kinship care requires sensitivity to diversity between groups, and variety within groups. The material helps the practitioner recognize the natural helping process of the extended family that is present in some cultures, as well as understand cultural differences in client readiness and capacity for utilizing kinship care services.

Module VII: Terminating Services in Kinship Care focuses on the skills needed to end services to the triad. The overall goal of work with the triad in termination is to achieve a permanent living arrangement for the child that enhances the child's connections and continuity.

Delivery

Length

The training program is designed to be delivered in six days. The program can take place on consecutive days, or can be broken up into either two days per week for three weeks, or three days per week for two weeks.

Qualifications of Trainer

This training can be delivered using co-trainers or one trainer. The trainer needs to be an experienced child welfare professional who has had experience in delivering services to members of the kinship triad. In addition, the trainer needs to have an awareness of his/her own values related to kinship care and issues of diversity. The trainer must possess a strong commitment to the guiding principles for kinship care practice, and the characteristics of the practice model,

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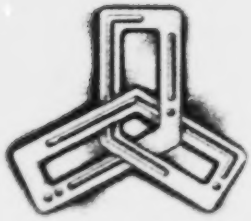

Introduction

both of which are outlined above.

Use of the Training Manual

The manual is designed to be easy to follow, and to provide the trainer with all the information necessary for conducting the program. The trainer is not expected to do additional research or reading, nor is there a need for the trainer to develop presentations or training activities. The trainer does need to read the manual carefully, prepare the material in each session, and be familiar with the content.

The manual is divided into three sections. The first section contains the introductory material. The second section contains the material used by the trainer when conducting the sessions, and the copies of the participant resources that are used during the sessions. The third section contains the Appendix, including the list of competencies and a bibliography.

The beginning of each session lists the competency that is covered in the session, the learning objectives that relate to the competency, the length of the session, the participant resources, and materials. The training content and activities are numbered sequentially in each session. There is a summary statement that directs the trainer what to do next. Detailed information follows, providing the trainer with an example of how to present certain content. This information should be put in the trainer's own words. The information should never be read to participants.

Participant Resources

Participant resources are located at the end of each module. They are numbered sequentially. These are designed to be taken out of the manual and copied for the training sessions. Resources for all modules may be collated together in a participant's workbook and presented to participants at the beginning of the training; or the resources may be distributed at the beginning of each module. It is important for each participant to receive his or her own resource materials.

Supporting Transfer of Learning

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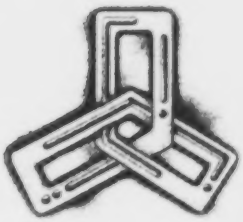

Introduction

The goal of training is to transfer knowledge and skills from the classroom to the participant's day-to-day job and enhance the ability to meet job expectations. But participation in training does not guarantee that practice will change. Many factors will affect whether or not classroom training results in the participant using newly acquired knowledge and skill. Of primary importance will be the support that the participant receives in the workplace, and particularly the degree to which the supervisor supports the participant's efforts.

The final task in this training program is for participants to develop an Action Plan. In the Action Plan, they are asked to identify specific ways to apply what they have learned to their work with the kinship triad. They are also asked to identify how their supervisor might support their efforts. Participants are then instructed to take the plan with them, make a copy, and give it to their supervisors for discussion in supervisory conference.

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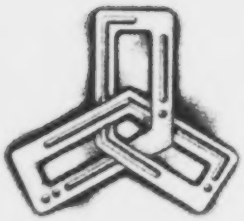

Introduction

Notes

1. *Kinship care: A natural bridge.* (Washington, DC: Child Welfare League of America, 1994), pp. 12–13.

2. Ibid., pp. 42–43.

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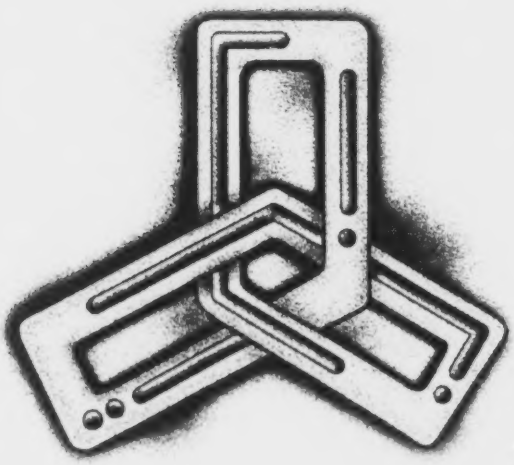
Part Two



Curriculum

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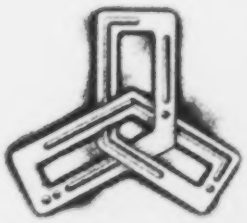

MODULE I

INTRODUCTION TO KINSHIP CARE

Rationale **Workers need to understand the historical, philosophical, and child welfare policy contexts of kinship care.**

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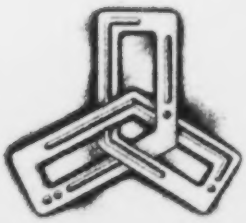
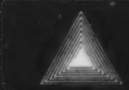


Module I

Introduction to Kinship Care



Competency The worker is aware of the growing importance of kinship care in child welfare, including its importance as a tool for family preservation.

Activity A

Time 1 hour 15 minutes

Purpose To provide a broad overview of kinship care in a child welfare policy context which supports family preservation.

Objectives Through **Activity A** the worker will be able to:

- describe the central importance of kinship relationships
- identify issues related to the formal utilization of kinship care in the child welfare system
- list key legal and policy steps in the emergence of kinship care as the fastest-growing program in child welfare

Materials Overhead projector and screen

Flip chart easel and paper

Markers

Resource I-1-a: **Module I Competency and Objectives**

Resource I-1-b: **The Five Most Important Things to Me in My Life**

Transparencies for above resources as needed by trainer

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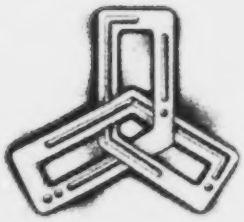

1. **Welcome participants** to the training.

2. **Introduce yourself** to the group, noting your experience or interest in kinship care.

   My name is _____, from _____. I am glad to have the opportunity to meet with you today to talk about kinship care. My own interest in kinship care grows out of _____. As you can probably tell, kinship care is something which is important to me, both personally and professionally.

3. **Briefly introduce** the subject of kinship care.

   Kinship care has played a vital role in child welfare since the early 1980s. When children could not be cared for by their parents, relatives consented to care for and protect them, preventing separation from their families. In spite of these and other efforts to preserve families since the passage of the Adoption Assistance Act of 1980 (P.L. 96-272), the number of children requiring out-of-home placement has steadily increased. Children of color have continued to be overrepresented in the child welfare system, in out-of-home placements, and they comprise the majority of children in kinship care.

4. **Provide a brief overview** of the training program.

   This is a six-day training program. Its purpose is to give you a greater understanding of kinship care and a model of practice to guide the casework process when working with children and their kinship care families.

   This training seeks to help you manage a case effectively once a child is in kinship care. The case must be managed with an appreciation for the child's perspective, the birth family's perspective, and the kinship care family's perspective. These three perspectives form what we call the "kinship triad." Addressing the issues that arise from and challenge the kinship triad will be an important part of this training.

   Our focus will be on case management. It is not about the initial decision-making process regarding placement of the child with the kinship family, nor is this about the decision to approve or not approve kinship families as foster families (a process that often

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takes place in order to provide foster care funding). It is important to understand that this training is not intended to address these areas.

During the first day we will cover some basic information about kinship care, and introduce you to a service delivery model for kinship care situations. We will then move to assessing the kinship triad to determine how the triad can best meet the child's needs. The extended family meeting will be introduced as a major tool in working with the kinship triad. This will lead into an exploration of intervention strategies and a focus on cultural competence. The final module deals with terminating services in kinship care situations. As you can see, this is an ambitious agenda that covers many critical areas in case management.

5. **Distribute participant resources** and refer participants to Resource I-1-a: **Module I Competency and Objectives.** Review it and respond to any questions. Tell participants the starting and ending times for the training days, breaks, and lunch.

6. **Begin** the introductory activity.

I am going to ask each of you to introduce yourself to the group in just a moment. But first, let me ask you to think about the things in life which are important to you.

7. **Refer the participants** to Resource I-1-b: **The Five Most Important Things to Me in My Life.**

If you look at Resource I-1-b: **The Five Most Important Things to Me in My Life,** you will find space to write down your answers. Don't try to list them in any special order, but limit your list to those five things most important to you. I'll give you a few minutes to complete this challenging task.

8. **When about a third** of the participants are finished, give the group two more minutes to complete their lists. Remind them not to take the exercise too seriously; after all, it only involves the five most important things in their lives.

9. **Thank everyone** for working so hard on a list; then ask everyone to cross out two items, leaving the three most important. Give participants only a few seconds to decide what to remove.

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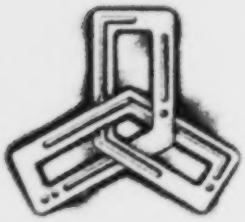

10. Once everyone is down to three items, give the following directions.

> Thank you. It is very difficult to remove things from such an important list, but I want you to remove one more item. Just cross it out.
>
> Now I want to ask you about your ultimate choice. Of the two things remaining on your list, cross through the one which is second most important. Do it now, so that when you are done, you will be left with the most important thing in your life.

11. Ask the participants to introduce themselves one at a time. Each participant should state his or her name, place of employment, professional role, the most important thing in his or her life, and the second most important thing (the last thing crossed off the list).

12. Draw a vertical line down the center of a flip chart page. As participants answer, write the most important things to them in the left column and the second most important things to them in the right column. When the participants are finished, read through both lists.

13. Conduct a discussion linking the similarities in the participants' responses, particularly focusing on choices related to the primary importance of family. Include the following points:

- family is one of the most important things in all of our lives
- nothing can take the place of family
- the thought of losing family relationships can be devastating
- if we had the choice, we would rather lose almost anything else in our lives, other than family

14. Introduce the topic of the child welfare system's use of kinship care.

> For the past decade, practitioners, administrators, and policy makers have debated ways the child welfare system should respond to the fastest growing population of children in placement in America: those in kinship care. Many American subcultures have a rich tradition of using kin networks to assist birth parents in child rearing. This tradition has been disrupted by child welfare's legal and policy attempts to craft this natural process into a structured service system.

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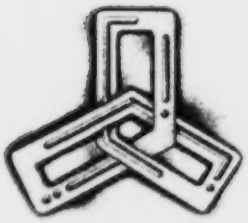

Formalizing and institutionalizing relative placements as a viable option for children removed from their parents due to abuse or neglect has created challenging issues for the child welfare system. Program design, service delivery, length of service, permanency planning, service outcomes, and cost of care are some of the areas where the system has been challenged in serving kinship care families. When children are removed from their birth parents, and kin are willing and able to provide for their care, the child welfare system has an opportunity to preserve the family by using this placement option.

15. **Introduce the importance** of a historical perspective for understanding the place of kinship care in child welfare.

Kinship care is the fastest growing program in the child welfare system. As many of you may recall from our concern about "foster care drift" in the 1970's, this was not always the case. A number of milestones in recent child welfare law and policy paved the way for the emergence of kinship care.

For a time, relative placements were not encouraged or considered a viable option. In the 1979 book, *Beyond the Best Interest of the Child,* the implication is that abused children become abusive parents, suggesting that abusive parents must also have been abused by their own parents. The system did not see placement with relatives as a safe option.[1]

An important Supreme Court ruling in 1979 *(Miller v Youakim)* established that persons providing foster care to a relative are entitled to the same level of foster care reimbursement as unrelated foster parents.

In 1980, P.L. 96-272 established service criteria for all children in foster care, established the preeminence of the concept of **permanence** in planning for children in care, and worked to overcome the obstacles contributing to foster care drift.

By the end of 1993, about 445,000 children lived with caregivers other than their parents. This represents a 60% increase since the end of 1985.[2]

The federal government passed the Family Preservation and Support Act in 1993, as part of the Omnibus Budget Reconciliation

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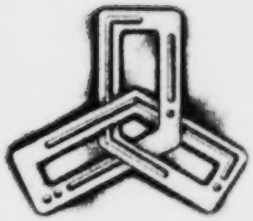

Act (subpart [2] of Title IV-B). In addition to providing funds for expanding services, the new program provides an opportunity for states to assess and make needed changes in service delivery. A continuum of coordinated services is encouraged. Kinship care is among the elements that would ideally be part of this continuum.

16. **Ask participants** for any questions or comments about the factors involved in kinship care's growing programmatic importance to the field of child welfare.

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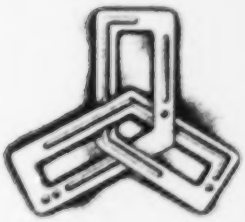

Activity B

Time 1 hour

Objectives Through **Activity B** the worker will be able to:

- describe local and national trends in the implementation of kinship care
- state the reasons for considering kinship care a form of family preservation
- provide demographic information regarding grandparent-grandchild families

Materials Overhead projector and screen

Flip chart easel and paper

Markers

Resource I-1-c: **Trends in Kinship Care**

Resource I-1-d: **Grandparent-Grandchild Families**

Resource I-1-e: **Grandparent Caregivers**

Transparencies for above resources as needed by trainer

1. **Refer participants** to Resource I-1-c: **Trends in Kinship Care.** This resource may be supplemented with additional material reflecting local trends, or providing more current information.

> Data collection about kinship care remains incomplete. The debate about how to classify kinship care finds many states merging kinship care and traditional foster care statistics.

2. **Review** Resource I-1-c: **Trends in Kinship Care** with the participants. The information may be presented in its entirety, by pointing out major points of significance in the participants' local area, as time permits, or by asking participants to read each item one at a time. Add local demographic information if available.

- since the mid-1980s, a growing number of children in state custody have been placed in the care of relatives. However, informal kinship care has met children's needs for many years, particularly among certain racial and ethnic groups. Most of the children who live with kin caregivers are not part of the formal child welfare system.[3]

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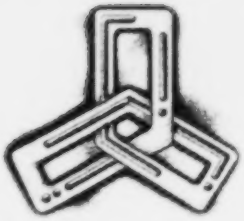

- according to the Current Population Survey (CPS), in 1994 approximately 2.15 million children, or just over 3% of all children in the U.S., were estimated to live in the care of relatives without a parent present.[4]
- in 1997, an estimated 150,000 children, representing about one-third of all U.S. children in foster care, were placed in formal kinship care arrangements.[5]
- children in kinship care arrangements are predominantly African American; they comprise a larger part of children in kinship care than in traditional foster care.[6, 7]
- in 1991, almost 80,000 children received foster care from relatives in the 29 states with the capability to identify such placements.[8]
- since 1970, the number of children living in households headed by grandparents has increased by more than 50%. In most of these, the mother of the children is also present in the household. In about one-third of these households, however, neither parent of the grandchild is present. Social problems such as joblessness, drug and alcohol addiction, incarceration, street crime and battering-related deaths, AIDS, and child abuse and neglect are significant reasons for this. In these households, the grandparents have assumed primary responsibility, at least temporarily, and usually informally, for sheltering and raising their grandchildren.[9]

3. **Ask for comments** related to these statistics.

4. **Conduct a brainstorming activity** with participants to identify the differences between in-home and out-of-home services. Participants should identify specific elements of programs which support their ideas. Ask them to list their ideas in writing.

> One area that sometimes confuses us when thinking about kinship care is whether or not it is an in-home service or an out-of-home service. Let's think for a few minutes about the difference between in-home and out-of-home services. Think about specific programs with which you are familiar, and quickly write a list of ways you would distinguish between these two types of service.

5. **Review the lists** the group has developed, and ask them to discuss why they feel that kinship care is an in-home or out-of-home

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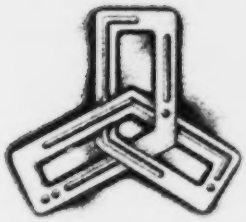

service. Some may clearly define kinship care as an out-of-home service, arguing that any living situation for a child apart from parents is out-of-home care. For others, living with kin is clearly not out-of-home, since family provision of backup child care keeps children with relatives. If all participants in a training group agree, ask what it might mean if someone believed differently.

6. **Briefly summarize the discussion** about in-home and out-of-home services.

Our differing views reflect varied viewpoints of those in child welfare. Different perspectives are related to different values and philosophies we have about kinship care. For many of us, these values and philosophies are shaped by our experiences in our different subcultures. European Americans may be more prone to identify the nuclear family as the center of family life, especially in the past century. This makes it appear as if kinship care is more definitively out-of-home care. Among many other cultural groups the extended family, including fictive kin, or even the tribe or community, continues to be the center of family life. Such a perspective makes it seem obvious, to those groups, that kinship care is an in-home service.

Most public child welfare programs define in-home services to children and families via traditional family preservation service delivery models. The child welfare field in general has attempted a clear demarcation between in-home and out-of-home services. From the traditional perspective, out-of-home services include non-relative foster care, group care, and residential treatment. Agencies with varying philosophies align kinship care with either traditional out-of-home care or with preservation or support services to children in their own homes.

Viewing kinship care as a part of the family preservation continuum encompasses the importance and value of the family, as well as the importance and value of culture. As such, it demonstrates respect for the centrality of family while supporting the value of reliance upon an extended kin network.

7. **Note that** kinship is valuable in preserving families. Ask participants if they can identify some of the advantages to placing a child with kin.

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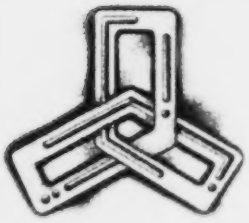

Ensure that the following points are covered:

- enables children to live with people they know and trust
- reduces the trauma of adjusting to living with strangers
- supports the transmission of a child's family identity, culture, and ethnicity
- encourages families to rely on their own members and resources
- increases opportunities for children to stay connected to their own communities, thereby encouraging community responsibility for children and families
- promotes the ability of children to receive support in their own (extended) families
- eliminates the stigma children may experience from being labeled "foster children" [10]

8. **Continue with a presentation** about grandparent-grandchild families.

> Research is important because it confirms the impressions we build through practice experience. As you see from the data, most children in relative placements are cared for by grandparents. Such caregiving reflects not only the value of family as broadly defined, but also the strengths in many groups of extended families pulling together to raise children whose birth parents are unable to do so.

9. **Refer participants** to Resource I-1-d: **Grandparent-Grandchild Families**. Review the information. To illustrate various percentages, ask a certain number of people in the room to stand. (For instance, to demonstrate "49% of the grandparents have cared for the child for more than two years," identify half of the group and ask them to stand.)

10. **Refer participants** to Resource I-1-e: **Grandparent Caregivers**.

> Having grandchildren often allows the older adult to enjoy children, without the added responsibility for providing daily care. It is a time for a new or renewed enjoyment of the experience of interacting with a younger and dependent generation. But for many grandparents, this more relaxed relationship with infants, toddlers, children, and adolescents is replaced by a commitment to care for

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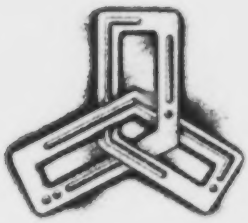

children of their children. Resource I-1-e: **Grandparent Caregivers** gives us a picture of the characteristics of grandparent caregivers.

11. Remind participants that kinship care refers to all types of relatives with whom a child might reside.

Grandparents definitely represent the largest group of kinship caregivers. But it is important to remember that aunts, uncles, brothers, sisters, cousins, and even great-grandparents may assume a caregiving role for some children. In some situations there may be several different relatives who provide for the child. It has even been argued that godparents should be considered as kinship caregivers.

12. Ask for any questions or comments about the material presented during Module I.

13. Briefly summarize Module I.

We have considered the central importance of family in our lives and identified how issues related to formalizing kinship care as a child welfare program have grown out of legal and policy changes made since the 1970s. We have reviewed national trends and discussed the importance of considering kinship care as a form of family preservation. We also looked at a detailed picture of a special form of kinship family, the grandparent-grandchild family. In the next module we are going to review and discuss a model for delivering services to children and kinship families.

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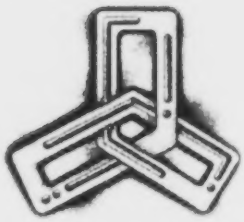

Notes

1. J. Goldstein, *Beyond the best interest of the child.* (New York: Free Press, 1979).

2. T. Tatara, *U.S. child substitute care flow data for fiscal year 1993 and trends in the state child substitute care population.* (VCIS Research Notes 11, 1993).

3. U.S. Department of Health and Human Services, Division of Children and Youth Policy. *Informal & formal kinship care. Volume I. Narrative reports.* (July 1997), p. 3.

4. Ibid., p. iii.

5. Ibid., p. 2.

6. J.D. Berrick, R.P. Barth, B. Needell, A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. (*Children & Youth Services Review,* 1994, Vol. 16, No. 1–2), pp. 33–63.

7. A.P. Iglehart, Kinship foster care: Placement, service, and outcome issues. (*Children & Youth Services Review,* 1994, Vol. 16, No. 1–2), pp. 107–122.

8. U.S. Dept. of Health and Human Services, Office of the Inspector General. *State practices in using relatives for foster care.* (U.S. Government Printing Office, July 1992).

9. D. Chalfie, *Going it alone.* (Washington, DC: American Association of Retired Persons, 1994).

10. *Kinship care: A natural bridge.* (Washington, DC: Child Welfare League of America, 1994), pp. 12–13.

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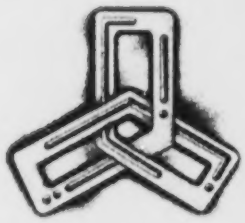

MODULE I

PARTICIPANT RESOURCES

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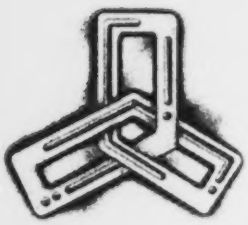

Module I

Resource I-1-a

Competency and Objectives

Competency

The worker is aware of the growing importance of kinship care in child welfare, including its importance as a tool for family preservation.

Objectives: Through **Module I** the worker will be able to:

- describe the central importance of kinship relationships
- identify issues related to the formal utilization of kinship care in the child welfare system
- list key legal and policy steps in the emergence of kinship care as the fastest-growing program in child welfare
- describe local and national trends in the implementation of kinship care
- state the reasons for considering kinship care a form of family preservation
- provide demographic information regarding grandparent-grandchild families

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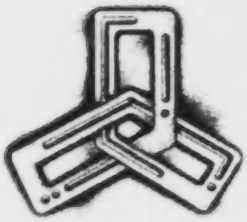

Module I

Resource I-1-b

The Five Most Important Things to Me in My Life

1. _____

2. _____

3. _____

4. _____

5. _____

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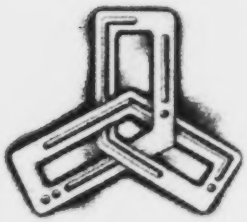

Module I

Resource I-1-c

Trends in Kinship Care

- Since the mid-1980s, a growing number of children in state custody have been placed in the care of relatives. However, informal kinship care has met children's needs for many years, particularly among certain racial and ethnic groups. Most of the children who live with kin caregivers are not part of the formal child welfare system.[1]
- According to the Current Population Survey (CPS), in 1994 approximately 2.15 million children, or just over 3% of all children in the U.S., were estimated to live in the care of relatives without a parent present.[2]
- In 1997, an estimated 150,000 children, representing about one-third of all U.S. children in foster care, were placed in formal kinship care arrangements.[3]
- Children in kinship care arrangements are predominantly African American. They comprise a larger part of children in kinship care than in traditional foster care.[4,5]
- In 1991, almost 80,000 children received foster care from relatives in the 29 states with the capability to identify such placements.[6]
- Since 1970, the number of children living in households headed by grandparents has increased by more than 50%. In most of these, the mother of the children is also present in the household. In about one-third of these households, however, neither parent of the grandchild is present. Social problems such as joblessness, drug and alcohol addiction, incarceration, street-crime and battering-related deaths, AIDS, and child abuse and neglect are significant reasons for this. In these households, the grandparents have assumed primary responsibility, at least temporarily, and usually informally, for sheltering and raising their grandchildren.[7]

1. U.S. Department of Health & Human Services, Division of Children and Youth Policy. *Informal & formal kinship care. Volume I. Narrative reports.* (July 1997), p. 3.
2. Ibid., p. iii.
3. Ibid., p. 2.
4. J.D. Berrick, R.P. Barth, B. Needell, A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. (*Children & Youth Services Review,* 1994, Vol. 16, No. 1–2), pp. 33–63.
5. A.P. Iglehart, Kinship foster care: Placement, service, and outcome issues. (*Children & Youth Services Review,* 1994, Vol. 16, No. 1–2), pp. 107–122.
6. U.S. Dept. of Health and Human Services, Office of the Inspector General. *State practices in using relatives for foster care.* (U.S. Government Printing Office, July 1992).
7. D. Chalfie, *Going it alone.* (Washington, DC: American Association of Retired Persons, 1994).

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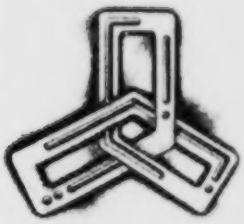

Grandparent-Grandchild Families

Reported reasons grandparents have assumed the primary caregiving role for their grandchildren:

- 44% substance abuse by the parent(s)
- 28% child abuse, neglect, or abandonment
- 11% adolescent pregnancy or the parent being unable to handle the children
- 5% death of the parent
- 4% parental unemployment
- 4% parental divorce
- 4% other reasons, including HIV-AIDS

Length of time as the primary caregiver:

- 31% less than a year
- 20% one to two years
- 49% more than two years

Permanence of the arrangement:

- 71% of the grandparents reported that their role as the primary caregiver for the grandchildren was permanent
- 11% reported that the arrangement was temporary
- 17% were unsure of the status

Family size:

- The average household size is three people
- The average number of grandchildren being raised in the family is 1.59

Family income:

- 39% $20,000 or less
- 41% between $20,000 and 40,000
- 10% between $40,000 and 50,000
- 10% over $50,000

Involvement with a state agency:

- 64% not involved with any state agency
- 12% received public assistance for the "grandchild only"
- 8% involved with the child welfare system
- 7% (including the grandchild) received public assistance
- 9% involved with other agencies

D. Chalfie, *Going it alone.* (Washington, DC: American Association of Retired Persons, 1994).

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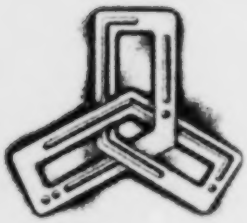

Module I

Resource I-1-e

Grandparent Caregivers

Age:

- the average age of the grandparent contacting the AARP Grandparent Information Center is 55 years
- the age range for most grandparent caregivers is 50-60 years
- nearly 75% of the grandparent caregivers fall within the 50-70 age range

Marital status:

- 68% married
- 15% divorced
- 10% widowed
- 6% single

Ethnic origin:

- 83% Caucasian
- 13% African American
- 3% Latino
- 1% American Indian
- the African American grandparent caregiver is more likely to be caring for grandchildren on a fixed income (61%) than Caucasian grandparents (41%)

Employment status:

- 42% work
- 46% live on a fixed income
- 12% have a fixed income but also work

Grandparent's relationship to child:

- two-thirds of the grandparents reported being the maternal grandparents, while one-third are paternal grandparents

D. Chalfie, *Going it alone.* (Washington, DC: American Association of Retired Persons, 1994).

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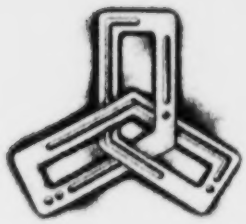

MODULE II

A KINSHIP CARE SERVICE DELIVERY MODEL

Rationale **Workers need well-defined descriptions of processes for helping specific populations in order to deliver quality kinship care services.**

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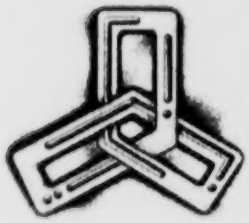

Module II

A Kinship Care Service Delivery Model

Competency

The worker understands a kinship care service delivery model that is time-limited, culturally sensitive, strengths-based, and rooted in family preservation.

Activity A

Time 1 hour 15 minutes

Purpose To provide the philosophical background, assessment techniques, and overview of a framework for service delivery in kinship care.

Objectives Through **Activity A** the worker will be able to:

- list the characteristics of the model of service delivery in kinship care
- define the kinship triad

Materials Flip chart easel and paper

Overhead projector and screen

Resource II-1-a: **Module II Competency and Objectives**

Resource II-1-b: **Questions About Kinship Care**

Resource II-1-c: **Characteristics of the Kinship Care Service Delivery Model**

Transparencies as determined by trainer

1. **Distribute participant resources** and refer participants to Resource II-1-a: **Module II Competency and Objectives.** Review and respond to any questions or comments.

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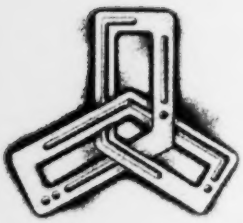

Module II

A Kinship Care Service Delivery Model

2. **Introduce the idea** of a kinship care service delivery model.

   The issues confronting the worker and family in kinship care are complex. A service delivery model helps to simplify the description of the helping process when services are delivered to a specific population.

   The model for service delivery we will be reviewing takes the philosophical position that kinship care is a family preservation service, *not* a foster care program. This model requires new approaches to assessment and case planning that focus on the "kinship triad"—the child, the biological parent(s), and the related caregiver(s). The word "triad" expresses the idea of a *union* or group of three closely connected persons. The "kinship triad service delivery system" refers to a system of services provided to a union of these three, all of whom are working together to ensure a permanent living arrangement for the child.

3. **Refer participants** to Resource II-1-b: **Questions About Kinship Care.** Divide the participants into four small groups.

   In this activity, we will be looking at some of the challenges presented by kinship care as we attempt to build a service delivery system to ensure permanence for children. In your small groups, explore each of these questions. See if your group can reach a consensus about an answer to each one.

   You will have about 15 minutes to complete the activity. Please choose a recorder to note the group's response to each question.

4. **When the groups** have finished, process their answers. Give each group a chance to be the first to respond to a question, then ask to hear the opinions of the other groups. Continue the review and discussion until all questions have been answered and discussed. Point out to the large group any similarities, differences, or trends revealed in the groups' responses.

Issues that might emerge:

- comparisons and contrasts between kinship care and foster care/adoption
- expectations that kin should/should not expect financial support for the care of family members

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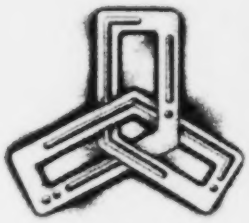

- a range of ideas about the need of kin caregivers for a full array of child welfare services
- concerns about the intrusiveness of service providers in the lives of kinship caregivers

5. **Summarize the discussion** and introduce a model of service delivery for children in kinship care.

As you can see, there are varied opinions regarding some of the issues that emerge with kinship care. Kinship care may challenge some of our beliefs about child welfare practice. However, we cannot let our questions or even disagreements keep us from striving toward better practice. Some of these questions involve policy and programmatic considerations that are well beyond our purview. It was important for us to explore these questions and to realize their significance. Further, we need to advocate for agency, state, and national attention to these issues. However, we cannot wait for all of these questions to be resolved before we seek to improve service delivery to children in kinship care. In this training we want to focus on a model of service delivery that can strengthen the quality of services provided to children, families, and kinship families.

One of the benefits of using a model of service delivery is that it organizes a system for helping. A service delivery model for kinship care can provide us with a way to look at how services are best delivered. Further, a model will guide our consideration of those important questions we have just discussed.

The model we will be discussing for service delivery in kinship care is defined by certain characteristics. These are listed on your resource sheet.

6. **Refer participants** to Resource II-1-c: **Characteristics of the Kinship Care Service Delivery Model.**

7. **Ask participants** to identify which three characteristics they think would be most important in a model for service delivery in kinship care. Allow several minutes for participants to read the resource and select three items.

8. **Ask participants** which items they selected as most important. Ask them to explain why they selected that characteristic. Restate

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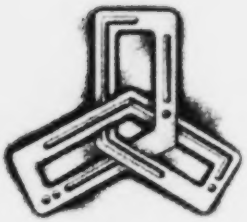

the importance of each item as responses are recorded on a flip chart.

Ensure that each characteristic is identified and that the following points are covered:

A. Uses family preservation as the approach to service delivery

Family preservation models seek to involve the total family and use available community supports to resolve problems. Further, they emphasize empowerment and promote self-sufficiency. Family preservation promotes the importance of family connections in creating permanence for children. All of these beliefs go hand-in-hand with kinship care.

B. Focuses on permanency planning

All children need permanent homes. Whenever possible, the preferred "home" is with parents or relatives. Kinship care, because of its focus on keeping the child with family, fits with permanency planning. A model of kinship care needs to focus on building permanence in the child's life.

C. Recognizes the importance of culture in the child's life

Keeping a child within his/her family system naturally supports the child's cultural identity and in many situations supports the child's religious and community ties. Children whose identity is supported have higher self-esteem and feelings of self-worth.

D. Seeks to ensure the child's safety and well-being

All child welfare services must help ensure that the child is safe and protected from abuse and neglect. Workers need to be trained to assess potential risk, to know what type of support services may be needed to reduce risk, and to make appropriate decisions related to ensuring the child's safety. Advocates of family preservation services (and kinship care as an extension of family preservation) note that it is in the child's best interest to remain with family whenever this can be done safely. They recognize a responsibility to provide services to help families care for children in situations where the child might be considered "at risk." But neither family preservation nor kinship care would advocate that

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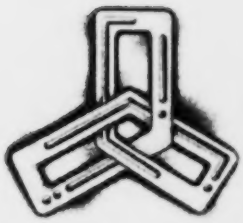

children live in situations where they are abused, neglected, or are continually at imminent risk of harm.

E. Utilizes the extended family meeting as a primary component of decision making for and by the family

The extended family meeting is the primary means by which adults who are significant to the child participate in developing a plan to address family needs. It is through these extended family group sessions that the worker gains an accurate picture of family strengths, resources, expectations, and a commitment to shared responsibility in resolving the crisis.

F. Views kinship as an opportunity for partnership between family caregivers and the agency on behalf of the child

Respect and concern for the caregivers, as well as providing adequate services to meet the needs of the child in their care, are emphasized. It is important to recognize that some caregivers are devastated by the family crisis that led to the need for kinship care; some may have experienced episodic crises leading up to placement; and others have cared for the children for varying periods of time and must learn to get accustomed to agency intervention. Caregivers need agency support. Most of all, they need to be viewed as full partners in service decisions.

G. Addresses resources needed to empower the extended family to sustain its support

Families may be willing and able to care for related children, but may not have the resources. The agency must assess the family's needs and be prepared to offer financial assistance and other resources to help the family provide for the child's needs.

H. Provides clear policy direction to ensure the delivery of an array of child welfare services

Families may need health care, day care, therapy, school placements, housing, or any number of services. These are of vital concern to the caregiver and important for the well-being of the child.

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I. Provides flexible dollars for emergent, one-time-only, concrete needs

Most states have supportive services funding to meet immediate needs of families to prevent placement. This same support must be available to enable children to live in kinship situations.

J. Calls for time-limited services

The model is based on the premise that most families reject the intrusiveness of the agency over long periods of time. It encourages the worker to provide intensive intervention to resolve the crisis, determine the permanent plan, engage other family members, make accurate service needs assessments, clarify treatment strategies for parents and children, and/or determine the termination process. A six-month period is generally considered reasonable, although some families may need an additional three- to six-month extension or follow-up period.

K. Emphasizes the need for reasonable caseloads

This model of practice involves working with the child, the birth family, and the kinship family. Workers need time to assess, plan, and intervene in a timely manner.

L. Uses a strengths perspective and a systems approach to service delivery

Building on the family's strengths and motivation to provide care within the family is a cornerstone of kinship care. As in family preservation models, kinship recognizes the family as a system, in which any change or movement within the family will have an impact on each family member and upon the family as a whole.

M. Utilizes specialized staff training programs for kinship service staff

Providing good kinship care services requires specialized knowledge and skills. Workers need to complete a competency-based preservice training program that covers basic child welfare information, as well as specialized training that addresses specific issues related to kinship care (e.g., group processes, negotiation, cultural competence, etc.).

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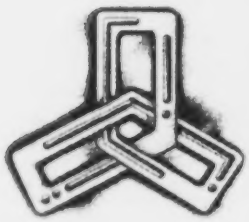

N. Provides for orientation, information, and support groups for kinship caregivers

Groups need to be available to respond to the needs of caregivers in the community by providing information, sharing common issues and concerns, networking, empowering families, preventing isolation, and making informed decisions.

7. **Ask participants** how these characteristics compare with current practice in the agency regarding children in kinship care. Which characteristics may be most challenging? Which characteristics fit closely with current practice and/or philosophy?

8. **Summarize this activity.** Ask for questions, clarifications, concerns, or whether people have any thoughts about the list of characteristics.

9. **Ask participants** to remain in their small groups for the next activity.

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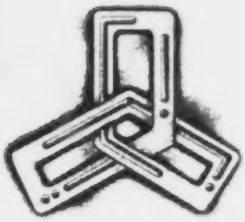

Module II

A Kinship Care Service Delivery Model

Activity B

Time 45 minutes

Objectives Through **Activity B** the worker will be able to:

- list the steps in the delivery of kinship care services
- describe the array of issues and services relevant to each step of the service delivery process
- identify time frames for the provision of service components during each step of the helping process

Materials One puzzle kit for each small group (3–6 kits, depending on size of overall group). See Trainer Resources on page 46 for the puzzle kit page. This page should be copied and mounted with glue or paste onto posterboard or construction paper. A paper cutter can be used to cut into squares each time frame, each step in the model, and the array of issues and services relevant to each step. These pieces can be put into envelopes, one for each small group.

Resource II-1-d: **Model of Service Delivery**

1. **Introduce the idea** that a service delivery model is comprised of specific components.

   The components of any model of service delivery need to include specific steps in service delivery, time frames which clarify when these steps should be taken during the "life" of a case, and relevant issues and services for each step along the way. Developing a model is like putting the pieces of a puzzle together.

2. **Distribute a puzzle kit** to each small group.

3. **Introduce** the activity.

   Since we are working with a service delivery model that has already been developed, we don't have to worry about each piece. However, understanding how the pieces fit together can be quite a puzzle itself. In your puzzle kit you have time frame pieces, steps pieces, and issues/services pieces.

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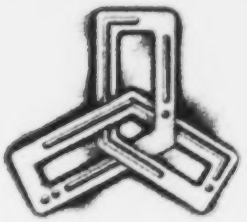

In the next 15 minutes, see if your group can put this puzzle together. Sort through the pieces and try to organize them into a framework for a process of helping families who need kinship care.

4. **Monitor time** for the exercise while walking among the groups to see their progress. Encourage each group to think through the steps, the time frames, and what families and children might need along the way.

5. **Call time.** Ask the groups to report how they put the pieces together. Begin with a different group at each step. Check with other groups for agreement or differences before moving on. When the process is complete, a picture of the model composed and agreed upon by the group will emerge.

6. **Refer participants** to Resource II-1-d: **Model of Service Delivery.** Compare what the group developed with what is on the resource. Point out similarities and differences.

7. **Review the model** with the group, allowing discussion at each step.

Several assumptions are inherent in this model. The foremost is that kinship care families only need short-term care and services. By defining components, or steps, in the service delivery model, the family triad can receive the support and services they need. This framework can be used to prescribe particular services to meet specific needs.

Of course, we know that not all the needs of each kinship triad can be met in six months. The six month period can be extended when we show cause for the extension, documenting the need for additional service provision.

Each component of the service delivery model will be addressed in more detail during the course of this training. Just to make sure we get a clear sense of the big picture, let's review Resource II-1-d: **Model of Service Delivery.**

8. **Review the resource** and invite discussion.

9. **Ask for questions** or comments about the material presented in Module II.

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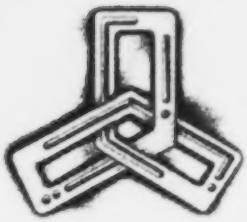

Module II

A Kinship Care Service Delivery Model

10. Briefly summarize Module II.

During this session we have considered some of the complex issues in delivering kinship care services. We have also reviewed the characteristics of a model of kinship care. Finally, we put together pieces of the kinship care service delivery puzzle to give us a sense of steps, time frames, and specific services delivered along the way, as well as giving us a sense of the big picture. Using a model for the delivery of kinship care services can help to simplify the helping process for kinship care families. In the next module, we will look at the process of assessing the family triad in order to develop an effective service delivery system.

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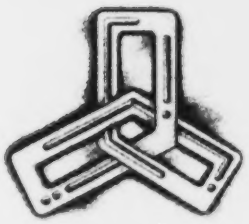

MODULE II

TRAINER RESOURCES

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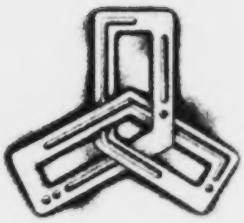

Module II

Trainer Resources: Puzzle Kit

A Framework For Kinship Services Puzzle Kit	Initial Phase & Service Delivery	**Decision to Place With Relative**	Safety/child protection Relatives' willingness to care for child Financial benefits Permanency plan Legal status
	30 Days	**Assessing the Triad:** • **Child** • **Caregiver** • **Parent**	Family strengths Health needs Education needs Treatment needs Court action Reevaluate permanent plan
	30–60 Days	**Family System Assessment**	Family dynamics genogram Immediate plan Sharing child care
	30–60 Days	**Case Plans/ Service Agreement**	Defining roles Worker visitation Flex spending
	3 Months	**Service Intervention Strategies**	Family dynamics Examining conflict Weekly contact Determine power base Parent/child conflict
	6 Months	**Termination Services**	Reunification Custody and guardianship to relative Adoption Long-term care

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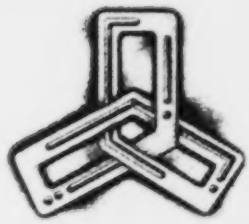

MODULE II

PARTICIPANT RESOURCES

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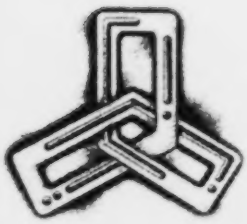

Module II

Resource II-1-a

Competency and Objectives

Competency

The worker understands a kinship care service delivery model that is time-limited, culturally sensitive, strengths-based, and rooted in family preservation.

Objectives: Through this **Module** the worker will be able to:

- list the characteristics of the model of service delivery in kinship care
- define the kinship triad
- list the steps in the delivery of kinship care services
- describe the array of issues and services relevant to each step of the service delivery process
- identify time frames for the provision of service components during each step of the helping process

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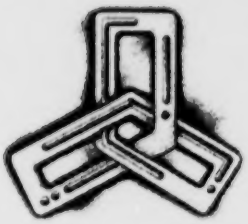

Questions About Kinship Care

1. Can children receive adequate care with the AFDC grant? Why or why not?

2. Is it rational to pay more for the care of children when they are cared for by relatives than when they are cared for by birth parents receiving temporary assistance for needy families?

3. What impact do you think time-limited AFDC would have on kinship care families? Explain.

4. Are relatives ready to accept the involvement of the foster care system? If so, for how long?

5. Does placement of children with relatives create a disincentive for returning the child to parent(s)? Why or why not?

6. Should kinship caregivers receive something like an adoption subsidy on behalf of the children? (Adoption subsidy is based on the foster care rate.) Why or why not?

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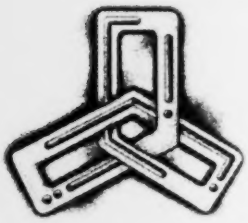

Module II

Resource II-1-c

Characteristics of the Kinship Care Service Delivery Model

A. Uses family preservation as the approach to service delivery

B. Focuses on permanency planning

C. Recognizes the importance of culture in the child's life

D. Seeks to ensure the child's safety and well-being

E. Utilizes the extended family meeting as a primary component of decision making for and by the family

F. Views kinship care as an opportunity for partnership between the family caregivers and the agency on behalf of the child

G. Addresses resources needed to empower the extended family to sustain its support

H. Provides clear policy direction to ensure the delivery of an array of child welfare services

I. Provides flexible dollars for emergent, one-time-only, concrete needs

J. Calls for time-limited services

K. Emphasizes the need for reasonable caseloads

L. Uses a strengths perspective and a systems approach to service delivery

M. Utilizes specialized staff training programs for kinship service staff

N. Provides for orientation, information, and support groups for kinship caregivers

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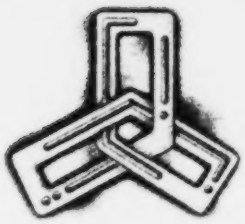

Model of Service Delivery

A Framework For Kinship Services Puzzle Kit	Initial Phase & Service Delivery	**Decision to Place With Relative**	Safety/child protection Relatives' willingness to care for child Financial benefits Permanency plan Legal status
	30 Days	**Assessing the Triad:** • **Child** • **Caregiver** • **Parent**	Family strengths Health needs Education needs Treatment needs Court action Reevaluate permanent plan
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	6 Months	**Termination Services**	Reunification Custody and guardianship to relative Adoption Long-term care

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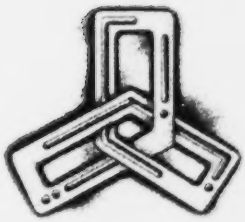

MODULE III

ASSESSING THE TRIAD FAMILY SYSTEM

Rationale **When children are placed with relatives due to child maltreatment, conducting an accurate and comprehensive assessment that includes all members of the triad family system is critical to providing strategic and effective services.**

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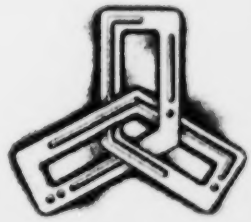
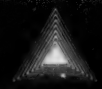


Session 1



Competency The worker knows the purposes of the assessment process as it applies to kinship care.

Time 1 hour

Purpose To provide a general overview of assessment as a product and a process, and to relate the general principles of assessment to kinship care.

Objectives Through **Session 1** the worker will be able to:

- explain assessment as a product
- explain assessment as a process
- describe the purposes of assessment
- describe the application of knowledge about assessment specifically to service delivery in kinship care
- define his/her role relative to assessment in kinship care

Materials Flip chart easel and paper

Markers

Resource III-1-a: **Module III Competencies and Objectives**

Resource III-1-b: **Kinship Assessment—Process and Product**

Resource III-1-c: **The Stewart Case**

Transparencies for above as needed by trainer

1. Refer participants to Resource III-1-a: **Module III Competencies and Objectives** and review.

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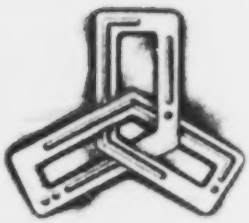

2. **Introduce** the basic concept of assessment.

   We do assessments all the time. When working in the area of kinship care, we will need to do very complex assessments. Before we talk about that, it may be helpful to think for just a few minutes about exactly what an assessment is.

3. **Conduct** a brainstorming exercise for several minutes.

   Think about what constitutes an assessment. When you have an idea, speak up and I will write it on the flip chart. While we are making our list, we won't judge or discuss any of the ideas. When you have an idea, just speak out.

4. **List the responses** on the flip chart. Encourage participation. When there is about one minute left, ask participants if they have anything to add. Encourage them to come up with ideas to add to the list.

5. **Review and discuss** the ideas on the list. In most groups, some responses will relate to assessment as a product, e.g., a report, documentation, supplemental reports from collaterals, etc.; and others will relate to assessment as a process, e.g., an interview, contacts with collaterals, deciding which questions are pertinent to ask, etc.

6. **Refer participants** to Resource III-1-b: **Kinship Assessment—Process and Product** and discuss.

   Your list about assessment makes it clear that assessment is both a process and a product.

   Assessment is fundamentally a hypothesis-generating activity. In assessment we try to develop an explanation of what is going on, why a family situation is going the way it is, and what can be done about it. Assessment as a process requires that we decide what descriptive information we need to gather, and from whom. Then we gather and organize relevant information about the people and situation we are assessing.

   Once we have gathered our information and generated our hypotheses, impressions, and recommendations, they are generally written into a report. The report should be clearly written, avoiding the use of jargon and labels, and including information from rele-

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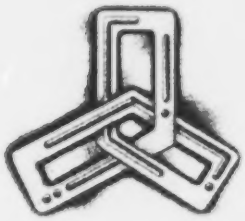

vant sources. The assessment report is the product that documents the assessment process.

7. **Discuss** the purpose of assessment.

The purpose of an assessment process is to develop an understanding of the situation and what can be done to make it better for the child and family. Assessment serves as the basis for planning and providing strategic services. That is, by determining what is going on and why, we can develop service strategies directed toward specific outcomes.

8. **Note** that there are many types of assessments in child welfare.

In child welfare, there are many types of assessment. Investigators or Child Protection Workers will assess a child abuse and neglect report to determine if a child is at risk and in need of services. Family Resource Workers (sometimes called "homefinders") will assess prospective families to determine if they have the necessary skills and knowledge to become foster families or adoptive families. These assessments may be called "family profiles" or "home studies." A comprehensive or full family assessment process is conducted after cases come into the agency to determine what type of intervention the family may need. Periodically cases are reviewed or "reassessed."

In all of these situations, workers are gathering information and trying to make the best decisions possible on behalf of children and families.

9. **Note** that in kinship care, several different types of assessments may be completed.

Initially an assessment (investigation) is done to determine whether or not a child is at risk of abuse or neglect. If the child cannot safely live with the birth parents, then an assessment is done to determine if a kinship caregiver is available, willing, and able to meet the child's basic needs for safety and well-being. In many agencies this assessment will also look at whether or not the family meets basic licensing standards. This assessment is often done by family resource (or homefinding) staff. You may note that this seems to be in conflict with our belief that kinship care is a

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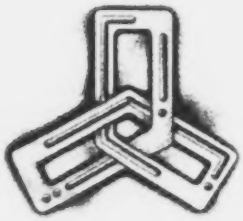

family preservation service. Indeed, this is one of many examples in child welfare where programmatic concerns may conflict with fiscal issues (i.e., a kinship family may not be eligible for foster care payments unless they meet the standards for family foster care). In other states (or agencies), kinship may be handled as a separate program, and ongoing workers (or kinship workers) may be charged with making this initial assessment. Regardless of how or who does the work, the ongoing worker must ensure that an initial assessment was done to determine that the kinship family can meet the child's basic needs for safety and well-being.

Finally, an assessment must be done to determine how to meet the child's needs most effectively on a long-term basis. This is generally referred to as the Family Assessment. However, in kinship situations, it is best thought of as a Triad Family Assessment—an assessment of the child's needs and how the birth family and the kinship family may meet those needs.

10. **Ask participants** to identify some of the specific areas an assessment might cover in a Triad Family Assessment.

Expect the following types of responses:

- the type of relationship between the birth parent(s) and the kinship family
- the kinship family's commitment to continue to provide for the child
- type of access the birth family has or will have to the child
- supports that the kinship family may need to ensure the child's safety
- how visits might best be arranged
- the child's adjustment to and understanding of kinship
- the extent of connectedness between the child and the kinship family

11. **Summarize** the responses.

You can see that assessment in a kinship situation can be very complex. We are looking at a number of different relationships, feelings, needs, and behaviors, and how these will affect the child's need for safety, connectedness, and permanence.

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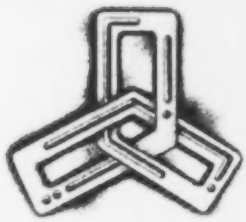

12. **Explain the concept** of the triad family system.

All types of assessments are similar in process—information is gathered, organized, and analyzed, and hypotheses are developed. But assessments may be unique in how the process is structured and focused. In kinship care, the triad family system is the primary source and focus of the assessment. The triad family system includes the child, the birth parents, and the kinship caregivers. Thus, from the start, we are dealing with a greater level of complexity than an assessment that focuses only on the family.

13. **Discuss** the purpose of assessment in kinship.

Different types of assessments also have different purposes. In a kinship assessment we are looking at the strengths of the family triad system in meeting the child's ongoing need for protection, connectedness, and permanence. Certainly a big focus will be on permanency planning and being able to conclude the family's relationship with the agency. In the next session we will explore how the worker might best assess the child's need for permanence.

14. **Refer the participants** to Resource III-1-c: **The Stewart Case,** and read it aloud.

Let's begin to think about the assessment process and how it may be experienced by members of the triad.

Take a look at the Stewart case. I will read it out loud. Feel free to follow along. Or, you may want to sit back and close your eyes to see if you can visualize what is going on in this family.

As you listen to their story, try to get a sense of what it might feel like to be each one of the people in this scenario.

15. **Process the group's feelings** about identifying with the family members. Consider the family members one at a time and discuss them, listing participants' responses on the flip chart.

Let's think about this family, member by member. How do you think Mrs. Stewart might be feeling?

Responses are likely to include:

- overwhelmed by the children's needs
- frustrated with her daughter and the biological fathers

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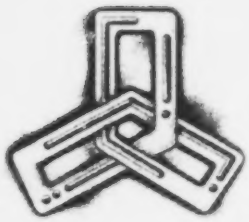

- tired
- upset that she has no time for herself

How do you think Robert feels?

Responses are likely to include:

- concerned or worried about his father
- confused about his mother's drug use
- angry
- embarrassed
- sad

What would it feel like to be Marie?

Responses are likely to include:

- frustrated by her developmental problems
- confused about her parents

In her more clean and sober moments, how do you think Marianne feels?

Responses are likely to include:

- very sad
- inadequate
- depressed
- concerned about the children's well being
- angry

What about Robert's father/Marie's father?

Responses are likely to include:

- angry at their inability to provide or care for their children adequately
- sad that their children are not with them

How do you think the worker might be feeling?

Responses are likely to include:

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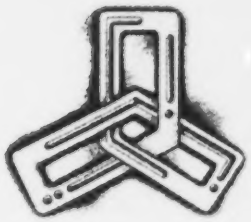

- overwhelmed
- sad
- powerless
- concerned

16. Discuss the feelings of the worker.

It is clear that a worker doing an assessment of the Stewart family will have a mixture of feelings, perhaps some very strong feelings. It is important to keep in mind the basic ideas about assessment as a product and a process. It is the worker's job to strategize a plan for assessment with family members in each of the roles of the triad family system.

It is helpful to remember that all assessments are subjective to some extent. Bias is built into what we ask about, whom we ask, and our theory and experience that help us interpret what we see and hear. It is important to remember that the role of the worker conducting an assessment is to work with the family to construct hypotheses about what is happening, why it is happening, and what can be done about it. All assessments require the use of judgment; what the worker must avoid is pre-judgment.

17. Apply ideas about assessment to the Stewart case.

We can see that the Stewart case rapidly becomes very complex. Each child has unique needs and strengths, and every adult brings his or her own feelings and perspectives on caring for the children to the assessment situation. Assessment will need to take all of these people and their feelings into account. Remember, it is normal for families to have strong feelings in these situations. Some families may feel angry, and some may feel ambivalent. These feelings, however, do not necessarily indicate a reluctance to take responsibility or provide good care for the child.

In considering assessment as a process, we need to use our judgment about what information to select. This model focuses on the central importance of the triad to the assessment process.

18. Ask participants to identify the members of the triad family system in the Stewart case. Ensure that the following are identified:

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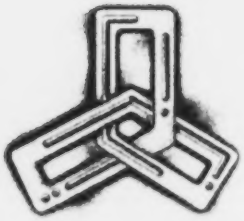

Children: Robert and Marie
Parents: Marianne and the father(s)
Kinship caregiver: Mrs. Stewart

19. Ask if participants have any questions or comments about assessment as a product and process, or about how assessment relates in general to delivering kinship care services to the triad family system.

20. Summarize the session and bridge to the next sessions.

We have considered an overview of assessment as a product and a process. We have applied ideas developed in this overview to a case scenario, the Stewart family, and we have begun to see how complex and important assessment is in kinship care. We will look more specifically at components of assessing the triad family system in the next few sessions. In the next session, we are going to discuss permanency planning in kinship care.

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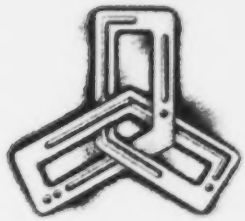

Session 2

Competency

The worker knows how to assess the child's need for permanence in kinship care situations.

Time 1 hour 15 minutes

Purpose To provide specific criteria for consideration when assessing the appropriate permanent plan for children in kinship care.

Objectives Through **Session 2** the worker will be able to:

- explain how kinship care may challenge our traditional approach to permanency planning
- identify the three basic needs that children have related to permanence
- identify factors that must be assessed when considering the child's need for ongoing safety and permanence, connections, and continuity
- determine assessment areas most significant for permanency decision making on specific case situations

Materials Flip chart/markers

Resource III-1-a: **Module III Competencies and Objectives**

Resource III-2-a: **Assessing Permanence for Children in Kinship Care when Reunification Is Not the Goal**

Resource III-2-b: **Using Assessment to Promote Good Permanency Decisions**

Transparencies for above resources as needed by trainer

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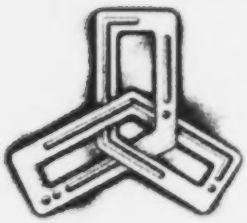

Two prepared flip charts posted at each of four "work stations" in the room. One flip chart has the question, *What are the permanency issues/challenges/dilemmas presented in this case?* and the other has the question, *Which assessment areas will be critical to the decision?* Two markers are positioned at each station, as well as chairs or space for groups of four to six.

1. **Refer participants** again to Resource III-1-a: **Module III Competencies and Objectives.** Note that this session will focus on the second competency. Review the competency and related learning objectives.

2. **Ask participants** to define permanency planning, and record the responses on a flip chart.

Cover the following types of responses:

- ensuring that the child has a permanent home with family relationships intended to last a lifetime
- ensuring that a child has a stable and predictable life, with a family committed to providing for his/her care
- ensuring long-term connections and continuity in a child's life

3. **Summarize** the responses.

Permanency planning seeks to provide ongoing protection, connections, and continuity for a child. As you are aware, the concept of permanency planning is critical in child welfare. We strongly believe that children need to have a sense of predictability in their lives, have connections to long-term relationships, and have an understanding of their history and identity. All of these issues are related to the concept of permanency planning.

4. **Provide some basic information** about the history of permanency planning.

Early permanency planning efforts identified a hierarchy of permanent plans that the child welfare worker sought to achieve. Keeping the child at home with family or reunifying the child with the family was understandably the first permanency planning goal. If this was not possible, adoption was recommended as the "next best" goal, followed by guardianship, and finally by long-term family foster care. Generally speaking, the hierarchy of goals was

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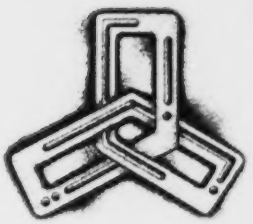

determined by the degree of legal permanence afforded by each of the goals.

While the philosophy of permanency planning cannot be debated, the notion that certain goals in and of themselves offer specific degrees of permanence is now open to discussion. Further, we recognize that developing permanent plans that best meet a child's needs can be a complicated and challenging process. Rather than an accepted "hierarchy" of goals, it is now considered good practice to select the goal that you assess can best meet the child's needs.[1]

5. **Identify ongoing** protection, connections, and continuity as the factors to consider in assessing the child's need for permanence. Write each of these factors on the flip chart as they are addressed.

Permanency planning must reach beyond the identification of a goal, and assess how the child's need for ongoing protection, connectedness, and continuity will be met. A *goal* does not ensure safety; does not provide the child with ongoing and long-term love, support, and affection; and does not give the child a sense of identity and history. These are things that a child receives through sustained, predictable, and ongoing relationships. The degree to which these relationships meet the child's needs for permanence must be assessed. This is best done by assessing the child's need for ongoing safety and protection, connections, and continuity.

6. **Note that kinship** by definition can provide a child with a strong sense of permanence.

Kinship, by definition, can provide a child with a strong sense of permanence. When we speak of "connections," we refer to the ongoing relationships, stability, and sense of community, culture, and religion that are significant for children. "Continuity" refers to the child's sense of history, culture, and ongoing relationships that provide the child with identity and self-esteem. Connections and continuity are, in many ways, inherent in kinship simply because both are functions that are generally fulfilled by the family.

7. **Discuss the implications** kinship has for permanency planning.

Kinship has some direct implications for how we consider permanency planning. In fact, many child welfare experts argue that

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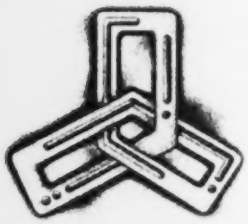

traditional permanency planning beliefs do not hold when considering kinship care. They advocate new ways to conceptualize what constitutes permanence when kinship is involved.[2]

8. **Ask participants** to identify how kinship care may challenge traditional permanency planning. Note that they can identify specific case examples if they wish.

Examples may include the following:

- a kinship family may choose not to adopt, but this family may still provide the child with the greatest sense of permanence.
- traditional permanency planning goals do not apply accurately to kinship situations. Many of the children in kinship care have a goal of "long-term foster care"—a goal that generally would reflect a need for permanence. Yet, in fact, these children's needs for connections and continuity may be met consistently.
- if kinship care is a family preservation service, then it must be considered as the next option if a child cannot be with the birth parents. Yet "kinship care" is generally not identified as one of the permanency planning goals.
- children may make several moves back and forth between their birth family and kinship family. This could be seen as unstable or unpredictable (especially if viewed in the same manner as a child going in and out of foster care). Yet, the child in kinship may experience these moves as neither unstable nor unpredictable since, from the child's perspective, he/she is with known and loved caregivers.

9. **Summarize** the discussion.

You have provided some excellent examples and ideas. Indeed, many of these issues have been pondered and researched by child welfare professionals over the past few years.

Berrick, Barth, and Needell, in their research, note that while reunification rates are slower with kinship placements, and adoption is less likely, kinship care still represents a very stable placement for children. Kin often state that they don't wish to adopt because, "We are already family." According to the research, children in kinship care tend to see their birth family more regularly, maintain greater contact, and experience visits in a more positive way.[3]

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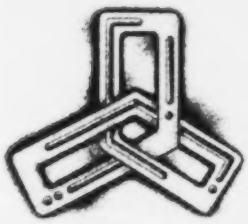

10. Note that all of this indicates a need to consider permanence differently for children in kinship care.

This discussion clearly indicates that we need to look differently at permanence for children in kinship situations. The hierarchical consideration of specific goals is not useful, and many of the goals themselves do not accurately reflect the degree of permanence that a kinship situation may offer.

Whenever it can be safely done, children are reunified with their parents. When this is not possible, alternate permanent plans are considered. As previously discussed, there are three critical factors in considering an alternate permanent plan—ongoing protection, connections, and continuity.

11. Ask participants to identify the areas that would need to be addressed related to the child's need for ongoing protection when the child cannot return home.

Children have the need to feel they are safe, that their basic needs will be met, and that they will be protected from harm. What are some of the areas that you will want to assess to determine if this need is met when considering a child in kinship care?

Ensure that the following are covered:[4]

- the safety of the kinship home
- the ability of the kinship family to meet the child's basic needs on an ongoing basis
- the ability of the kinship family to set appropriate limits and boundaries with the birth parents around contact, visits, and care of the child
- the type of abuse or neglect to which the child was exposed, and the kinship family's ability to monitor the perpetrator (who may be a family member), in terms of access to the child, as recommended
- the parent's willingness to cooperate with the kinship family and the agency in ensuring the child's safety and well-being
- any family dynamics in the kinship home related to the abuse or neglect of the child
- the kinship family's willingness to cooperate with the agency toward ensuring the child's safety and well-being

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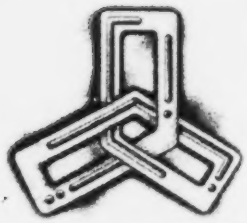

- the degree to which the child perceives that he/she is safe and protected in the kinship family
- the presence of alcohol or other drug involvement in the kinship home
- the number of children already being cared for by kin and the status of other children in the home, including HIV status, exposure to alcohol and other drugs, and medical condition
- the existing supports to which the kinship family has access
- when relevant, the possibility that family members will pressure the child to recant disclosure of abuse

12. Ask participants to identify the areas that would need to be addressed related to the child's need for connections when the child cannot return home.

> Children have the need to feel connected to people who meet their emotional needs, and to be connected to their culture and their community on a day-to-day basis. The child's sense of self-esteem and identity is derived from interactions and relationships with others. What are some of the areas that you will want to assess to determine if this need is met when considering a child in kinship care?

Ensure that the following are covered:

- the nature of the child's relationship with the kinship family (has the child lived with or been cared for previously by the kinship family? what type of contact has the child had with kin?)
- the nature of the child's contacts with birth parents and siblings, and the extent to which this is impacted by kinship (does kinship make it more possible for the child to maintain contact and visits with family?)
- connections to community (does kinship allow the child to remain in his/her community? to be in a community that is familiar? to be in a community that supports the child's cultural ties and identity? does kinship allow the child to practice his/her religion?)

13. Ask participants to identify the areas that would need to be addressed related to the child's need for continuity when the child cannot return home.

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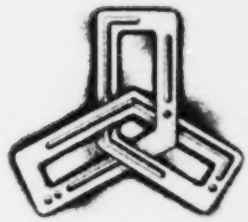

Children need to have a sense of where they have been, where they are going, and who is going to be with them. This relates to continuity—the child's sense of family history, belonging, stability, and predictability. What are some of the areas that you will want to assess to determine if this need is met when considering a child in kinship care?

Ensure that the following are covered:

- the kinship family's willingness to accept the child into the home and commit to the child on a long-term basis or for as long as needed
- the degree to which the kinship family provides the child with a sense of belonging, stability, and predictability
- the child's willingness to commit to living with the kinship family on a long-term basis or for as long as needed
- the degree to which the child experiences kinship care as stable and predictable
- the birth family's willingness to support the child's living with kin on a long-term basis or for as long as needed
- the degree to which the kinship family and birth family can help the child understand his/her history, prior placements, the nature of the kinship situation, and plans for future care
- the health status of the kinship caregivers
- the age of the kinship caregivers, in light of the child's developmental and long-term needs

14. Refer participants to Resource III-2-a: **Assessing Permanence for Children in Kinship Care when Reunification Is Not the Goal,** and note that this resource provides a summary of most of the points they have discussed.

15. Refer participants to Resource III-2-b: **Using Assessment to Promote Good Permanency Decisions.** Conduct an activity designed to help participants understand the complexity of permanency planning decisions and how assessment information can provide the best basis for decision making. Have four work stations each set up for between four and six participants, with prepared questions on the flip chart pages.

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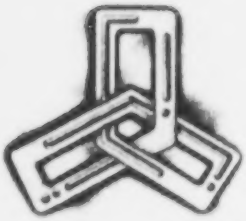

Explain that this activity is designed to help participants understand the complexity of permanency planning decisions and how good assessments provide the best basis for decision making.

16. Divide participants into four groups of between four and six each. Ask the first group to consider Example A, the second group to work with Example B, etc.

Explain that each group will answer questions about the brief scenario they are given. Ask them to discuss the questions and record their answers as clearly and succinctly as possible on the flip chart pages.

Stress that the purpose of the activity is to identify significant areas where assessment information would lead to a more informed decision on behalf of the child. Be clear that participants are not being asked to make permanency planning decisions based on the provided information.

Tell participants to use Resource III-2-a: **Assessing Permanence for Children in Kinship Care when Reunification Is Not the Goal** to identify the assessment areas upon which they might focus.

17. Tell participants they will have 15 minutes to complete the first part of the activity.

Note that after they are finished, each group will switch to the next work station. Group A will go to the Group B station, etc. Here they will be given five minutes to review the work on the flip chart pages and to make any notations, additions, or comments that they wish. After five minutes, call time and ask groups to switch to the next work station. Proceed until each group has been to each of the work stations to review the work and add comments.

18. Move from group to group to assist and to ensure that appropriate information is being recorded. Remind groups to add to the flip chart pages as they proceed through the various work stations.

All of the assessment areas are important to making a decision, so expect a wide range of responses. Ensure that the following are covered:

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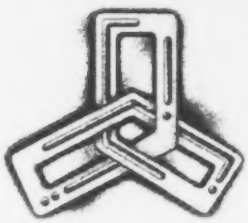

Example A: Robert and Sylvia

1) What are the permanency issues/challenges/dilemmas presented in this case?

- concerns regarding continuity: grandmother's health, children going in and out of care, and various family members expressing a desire to have the children
- dilemma: weighing the concerns regarding continuity against the fact that the children are doing well in kinship

2) Which assessment areas will be critical to the decision?

- nature of the child's connections with the kinship family
- the kinship family's willingness to commit to the child on a long-term basis or for as long as needed
- the degree to which the child experiences kinship care as stable and predictable
- the birth family's willingness to support the child's living with kin on a long-term basis
- the health status of the kinship parent

Example B: Juan

1) What are the permanency issues/challenges/dilemmas presented in this case?

- concerns regarding the child's need for safety and ongoing protection: whether or not the child's medical and developmental needs can be met in the kinship home
- concerns regarding connections and continuity: the impact of moving a two-year-old who appeared to be attached and progressing well with a foster family for two years

2) Which assessment areas will be critical to the decision?

- the ability of the kinship family to meet the child's basic needs on an ongoing basis
- the number of children already being cared for by kin and the status of children in the home

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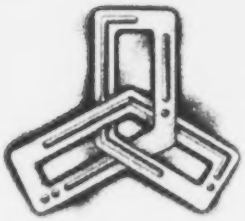

- the existing supports to which the kinship family has access
- the nature of the child's relationship with the kinship family
- the kinship family's willingness to accept the child into the home and commit to the child on a long-term basis
- the degree to which the kinship family and birth family can help the child understand his/her history, previous placements, and the nature of the kinship situation

Example C: Natasha

1) What are the permanency issues/challenges/dilemmas presented in this case?

- concern: safety and protection of the child
- dilemma: weighing the child's safety needs against the sense of connections and continuity that are provided by the kinship family

2) Which assessment areas will be critical to the decision?

- the safety of the kinship home
- the ability of the kinship family to set appropriate limits and boundaries with the birth parents around contact, visits, and care of the child
- the type of abuse or neglect to which the child was exposed and the ability of the kinship family to monitor the perpetrator's access to the child, as recommended
- the willingness of the parent(s) to cooperate with the kinship family and the agency in ensuring the child's safety and well-being
- any family dynamics in the kinship home related to the abuse or neglect of the child
- the kinship family's willingness to cooperate with the agency toward ensuring the child's safety and well-being
- the degree to which the child perceives that he/she is safe and protected in the kinship family
- the presence of alcohol or other drug involvement in the kinship home
- the existing supports to which the kinship family has access

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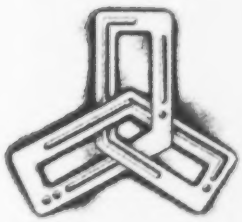

- the nature of the child's relationship with the kinship family
- the age of the kinship parent in light of the child's needs

Example D: Celia, Danny, Erel, and Tanita

1) What are the permanency issues/challenges/dilemmas presented in this case?

- connections: who are the important people for these children to be connected to, and what types of connections do they need to have?
- continuity: how will these children understand their family situation?

2) Which assessment areas will be critical to the decision?

- the nature of the child's relationship with the kinship family
- the nature of the child's contacts with siblings and the extent to which this is affected by kinship care
- the kinship family's willingness to accept the child into the home and commit to the child on a long-term basis
- the degree to which the child experiences kinship as stable and predictable
- the degree to which the kinship family and birth family can help the child understand his/her history, previous placements, and the nature of the kinship situation

19. Summarize the activity and the session.

During this activity you had the opportunity to explore some of the challenging issues in trying to determine the best permanency plan for a child. You could see that information relating directly to the child's needs—for protection, connections, and continuity—will provide you with the best basis for making decisions. Permanency planning for children in kinship care does present unique challenges, making a good assessment critical.

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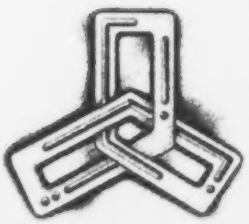

Session 3

Competency The worker knows how to assess the individual members of the triad in kinship care situations.

Time 1 hour 30 minutes

Purpose To provide specific criteria for consideration when assessing the individual members of the triad and their need for, and response to, kinship care.

Objectives Through **Session 3** the worker will be able to:

- list the needs of the individual members of the triad that require immediate assessment
- list the feelings of the individual members of the triad when the child is placed with a kinship caregiver
- describe the attempts of individual members of the triad to deal with these feelings
- explain how to apply the information gathered to help the individual members of the triad adjust to kinship care

Materials Flip chart/markers

Overhead projector

Resource III-1-a: **Module III Competencies and Objectives**

Resource III-3-a: **Assessing Members of the Family Triad**

Resource III-3-b: **Working with Children during Assessment**

Resource III-3-c: **Working with Kinship Caregivers**

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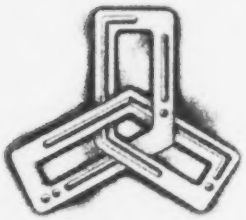

during Assessment

Resource III-3-d: **Working with Parents during Assessment**

Transparencies for above resources as needed by trainer

1. **Refer participants** again to Resource III-1-a: **Module III Competencies and Objectives.** Note that this session will focus on the third competency. Review the competency and related learning objectives.

2. **Note that an assessment** will look at individuals in the kinship triad, as well as how the kinship triad functions as a system.

> As you know, the kinship triad consists of the child or children, the parents, and the kinship caregivers. An assessment needs to look at the individual members of the triad, as well as how the triad functions at a systems level. In this session we will be focusing on the individuals in the triad.

3. **Introduce an activity** where participants will look at the individuals in the kinship triad and identify areas to be assessed.

> In the previous session, we looked at some of the areas we would need to assess in order to develop a good plan for permanence. In this activity we are going to look at the individuals in the kinship triad and consider what we would like to know about these individuals as part of our assessment process.

4. **Refer participants** to Resource III-3-a: **Assessing Members of the Family Triad.** Divide participants into small groups of five to seven. Assign one-third of the groups to consider what they would need to know about the child in the triad, one-third to consider what they would need to know about the birth parent, and one-third to consider what they would need to know about the kinship caregiver.

5. **Ask each group** to consider the two questions on the resource sheet. Note that in Question #1 they are asked to identify general assessment areas for their assigned member of the triad. Explain that Question #2 is asking them to look at what may be unique or specific about assessing that individual in a kinship care situation. Give each group a marker and a piece of flip chart paper to record their recommendations. Tell the groups that they have 10 minutes to complete their lists. Remind the groups when there are two minutes left.

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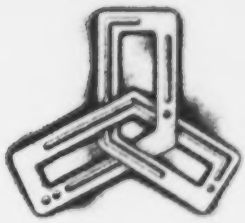

6. **Introduce** the assessment of the child.

   Even though the assessments of all members of the triad are intertwined, it is very important to assess the child's needs immediately. Children's developmental clocks are ticking continuously. For very young children there is a special urgency in assessment and in permanency planning.

7. **Ask the groups** to share their lists, beginning with the group(s) considering the child. Process the recommendations with the large group to see if there are any additional areas they might wish to see reviewed.

Items considered for Question #1 should include:

- risk and safety
- developmental level
- health needs
- education needs
- environment
- emotional response
- cultural factors
- initial adjustment
- need for other services

Items considered for Question #2 include:

- the child's relationship with the kinship caregivers
- the child's understanding of the kinship family triad
- type of visits child has with birth parents, how these are handled by the kinship family, and impact of visits on the child
- the child's sense of connections with the kinship family
- the child's sense of continuity with the kinship family

8. **Review the feelings** that children often have in placement. On flip chart paper write Guilt, Grief, Fear, and Culture Shock as each is discussed.

   As you are aware, children have many reactions and feelings about being separated from their parents. One of the most common is

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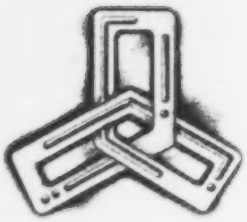

guilt. Children often blame themselves and feel as if they are the cause of being separated from parents. Grief is another reaction. Children mourn the loss of their family, regardless of improvement in their care. Fear is another common reaction. Children may have realistic fears of the unknown, or fear of punishment. Children may be in culture shock. Different foods, smells, communities, schools, etc., may make the child feel misplaced and devoid of identity.

9. **Ask participants** what they have observed about how children attempt to overcome these feelings.

Ensure that the following are covered:

- create emotional distance between themselves and a new caregiver
- try to reproduce the situation in which they were abused
- try to cause what is feared most (get it over with)
- withdraw and become uncommunicative
- displace anger and direct it toward caregivers
- attempt to hurt others before others can hurt them
- exhibit a range of symptoms such as regressive behavior, head banging, sleep disturbances, hyperactivity, thumb sucking, masturbation, vomiting, eating and bowel upsets, etc.
- pit parent against relative
- make relative feel guilty for splitting up family
- run away to parents' house

10. **Present the four** psychological tasks for children who have been separated from parents and placed in family foster care.

Children separated from parents are dealing with a lot of feelings and struggling to understand a very complicated set of circumstances. There are four psychological tasks that the child must work through.

The child needs to:

- master feelings related to separation from parents
- master feelings related to placement with new caregivers

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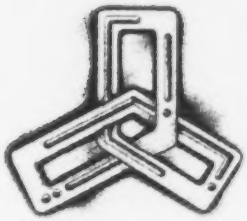

- deal with possible future separation from new caregivers
- overcome the threat of being close to new caregivers

11. Ask participants how any aspect of the placement experience may be different for the child in kinship care.

Responses may include the following:

- if the child is familiar with the kinship caregiver, the child's feelings of fear and culture shock may not be as intense
- caregivers who are familiar with the child may be more adept at handling the child's feelings and/or behaviors
- the potential loss of the new caregivers would not be as intense in a kinship situation: if the child leaves the kinship situation to return home, the kinship family remains a part of the child's life
- often the child is already close to the kinship caregiver, so the psychological task of overcoming the threat of being close to new caregivers would not be as difficult
- the child could feel greater guilt for causing a situation that is disrupting to the entire extended family, causing additional family members to be aware and involved
- the child may feel confusion about the role of various triad members—especially if the birth parent is physically present, but no longer providing primary care
- the child may need help to understand visits if they do not occur as part of a structured plan

12. Summarize the discussion.

There are differences in how children will likely experience placement in foster family care, and how they will likely experience kinship care. As you noted, many of these differences will probably make the child's adjustment less difficult. Certainly the child's familiarity with the caregivers, and the caregivers' familiarity with the child, will be helpful in dealing with the many feelings the child may have.

Kinship care also presents unique challenges. These don't need to be labeled as disadvantages or problems. However, they are issues that need to be handled. Kinship can be confusing to the child if

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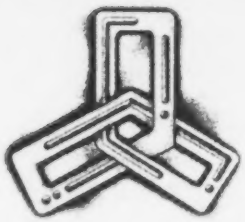

roles are not properly explained and the child does not understand what is happening. Unlike foster care, which can be considered a neutral setting, kinship care brings with it the emotional attachments and complications that exist in families. This challenges us to help promote good and clear communication within the triad family system.

13. Introduce the psychological tasks for children adjusting to kinship care.

We can look at the psychological tasks for children entering placement and think about how these could be reframed for kinship.

The child in kinship care needs to:

- master feelings related to the parent who is no longer providing primary care (parent may still be available, but the child may experience the role change as a loss)
- master feelings related to relatives now assuming part (or all) of the caregiving responsibilities
- deal with possible shifts in caregiving role between kinship caregiver and parent
- adjust to new type of relationship with the kinship caregiver and overcome feelings of guilt that may be associated with the relationship

14. Ask participants how they might initially help a child with these tasks.

During the assessment, you have an opportunity not just to gather and analyze information, but also to develop relationships and intervene in meaningful ways with families. We have looked at the psychological needs of children in a kinship situation. What might you do during the assessment to help the child begin working on these tasks?

Ensure that the following are covered:

- be very clear and honest with the child about what is happening
- explain kinship care to the child in a way that is understandable and appropriate to the child's developmental status
- be sure to say that what is happening is not the child's fault

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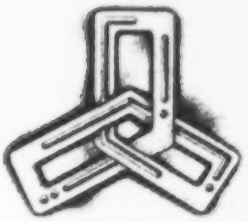

- assure the child that he/she will be cared for and protected
- spend time with the child to encourage discussion about feelings
- talk to the child about his/her role in the kinship triad

15. Summarize the discussion and refer participants to Resource III-3-b: **Working with Children during Assessment.**

Basic relationship building is what you need to be doing during the assessment. This resource provides a summary of our discussion. We looked at how placement might cause a child to react, and then at how kinship care—being different from placement—might impact the child. We looked at the tasks the child needs to complete and ways that you can help the child do so.

As you identified, spending time with the child is important. You want to encourage emotional expression, answer questions, and explain what is happening. You must be clear about reasons for placement, kinship, roles, and what has happened to the child. Remember that the child may experience intense emotions within an extended family environment that may also be experiencing intense emotions. The child may need extra reassurance and clarity.

16. Introduce the assessment of the kinship caregiver.

The kinship caregiver is vital to the success of placement. The caregiver is at once a key member of the service delivery team and a critically important person to the family.

17. Ask the group considering the kinship caregiver to share the list they made. Process these with the large group to see if there are any additions.

Items to be considered in assessing the kinship caregiver should include:

- how the child and parent relate to the kinship caregiver
- relative's willingness to care for the child
- ability of relative to protect child who is removed from birth parent and to prevent future risk of abuse/neglect
- how the kinship caregiver will deal with the relationship with the child's parent over time

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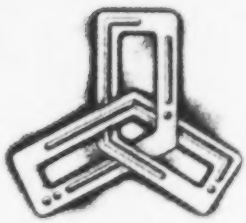

- relative's willingness to comply with agency guidelines and court stipulations
- how the relative placement might ease separation trauma of child and parent(s)
- relative's attitude toward child
- existence of family dynamics of abuse/neglect that might operate in relative's home
- support system if kinship caregivers are unable to fulfill role
- issues of alcohol, other drug abuse, or domestic violence if applicable; and the impact on child and extended family
- kinship caregiver's ability and willingness to work toward child's permanence

18. Ask participants to identify how kinship caregivers might be feeling in a kinship situation.

> We talked about how children respond to a kinship situation. We sometimes forget to consider the feelings of the kinship caregiver. Let's consider for a moment how the kinship caregiver may feel. Can you identify some of the feelings or concerns the caregiver may have?

Ensure that the following are covered:

- the kinship caregiver may feel intense anger toward the birth parent for abusing or neglecting the child
- the kinship caregiver may feel guilt over the birth parent's behavior, particularly if the caregiver is the parent of the abusing or neglectful parent
- the kinship caregiver may feel exhausted and overwhelmed; often he or she has been actively involved in trying to help the birth parent, and adding the care of the child may feel like "too much"
- the kinship caregiver may feel guilty about taking the parenting role away from the parent
- the kinship caregiver may feel relief that "something" has been done and may feel hopeful that this will create a better situation for the child
- the kinship caregiver may lack any emotional response: some have been providing care for the child "on and off" for a long time and the situation may seem just like the "status quo"

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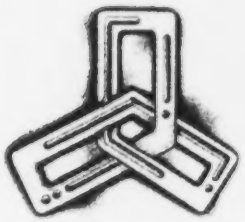

- the kinship caregiver may be frustrated, embarrassed, or even angry that an agency is now involved in a situation that family has handled in the past
- the kinship caregivers may feel "dumped on" because they must dip into their own scarce resources to care for the child with little or no financial support
- the kinship caregiver may feel conflicting loyalties between the parent (their child) and the child (their grandchild)

19. **Summarize** the discussion.

Certainly kinship caregivers have many varying reactions, depending on the particular family and situation. While children entering kinship care may have less intense feelings of fear or guilt than those entering a foster care placement, the opposite may be true of the kinship caregiver. The kinship caregiver may have more intense reactions than those of a foster parent. The child probably came out of a difficult situation, having experienced abuse, neglect, or both. Unlike foster care where the child is not known, this child is known and loved by the kinship family. This is compounded by the fact that those who were unable to protect or care for the child are also known and loved by the kinship family.

20. **Ask participants** to identify ways to provide initial support to kinship caregivers.

Just as we identified ways to work with children during the assessment, we also want to look at how we can support the kinship caregiver through what may be a very challenging time. What ways can you identify to provide support to kinship caregivers?

Ensure that the following are covered:

- be empathic toward the caregiver's feelings related to the situation
- be concrete and specific around expectations of the kinship caregiver
- assure the kinship caregivers that they will participate in decision-making processes
- recognize the kinship caregiver's strengths and skills in caring for the child (in some situations the caregiver may have already been caring for the child, or may have cared for the child in the past)

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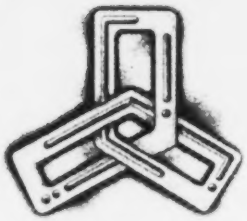

- offer concrete supports to assist the caregiver in providing for the child
- demonstrate acceptance and avoid prejudging
- make referrals as needed and assist family in connecting with referral sources

21. Refer participants to Resource III-3-c: **Working with Kinship Caregivers during Assessment** and summarize their discussion.

This resource summarizes our discussion. It provides a list of things to consider during the assessment, and possible reactions or feelings of kinship caregivers. You will see some of the same ideas you identified for providing support and for building relationships with kinship care families. You can see that first on the list is to recognize the strengths that the kinship caregivers bring. They may already have a strong relationship with the child; by virtue of being family, they reflect much of the same culture and identity; and in many situations, they may already have been providing for the child's care. Do not assume that the kinship caregiver is inexperienced in his/her role. It is more likely that the biggest change the family is experiencing is your involvement with them.

22. Introduce the assessment of the parent(s).

Parents are key to the success or failure of the service activity. The person responsible for service delivery must provide reunification services to the parents. The outcome of services will be dramatically affected by the parents' ability to use those services, to work with the kinship caregiver, and to use the separation from the child as an opportunity to improve their own capacity to provide care.

23. Ask the groups considering the parents to share the lists they made. Items to be considered in assessing the parents should include:

- the nature of the relationship with the child
- parents' strengths in terms of their ability to care for the child
- parents' relationship with extended family caregiver and how kinship may impact this relationship
- parents' motivation to work toward reunification
- parents' capacity to comply with court and agency requirements, and to use services to facilitate measurable change

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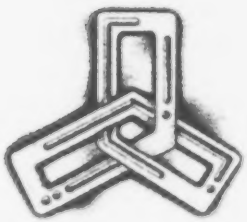

- factors affecting the parent's capacity to care for the child (e.g., substance abuse problems, child maltreatment, domestic violence, marital problems, distrust, self-destructive behaviors, etc.), and the impact of these factors on the child and the extended family

24. **Ask participants** to identify how parents may be feeling about the kinship placement.

Ensure that the following points are covered:

- parents will be experiencing grief, anger, and loss
- parents may by overwhelmed with what has happened, and have difficulties getting their own needs met
- parents may have intense anger toward the kinship caregiver, viewing kinship as betrayal
- parents may feel and be very emotional
- parents may feel overwhelmed with guilt and feelings of inadequacy

25. **Summarize** the discussion.

Parents will have many reactions and feelings about the kinship care situation. While kinship care often affords the parents more contact and access than foster care placement, there is still a loss of the caregiving function. In addition parents are dealing with the problems that led to the kinship situation.

Parents have varied reactions to the kinship situation depending on their family history and their relationship with family members—particularly the kinship caregivers. But most parents view it as preferable to foster care placement. Parents recognize much of what we know—that the trauma will likely not be so great for the child, that the child's adjustment may be easier with people he/she knows, and the child's sense of connectedness and permanence is likely to be greater with family. They feel more assured of the child's safety and care.

As you know, however, families are very complicated. Kinship care can intensify the parent's reactions and feelings. Unlike foster care, kinship care cannot be a private matter between the parent and the agency. Kinship care requires the involvement of family. Our goal is for this involvement to provide additional support and

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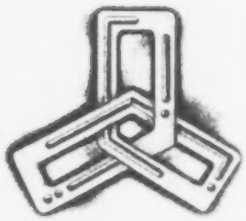

greater opportunity for the parent to maintain connections to the child. It must also be recognized that family involvement can create a difficult situation for parents. They may feel even greater guilt and inadequacy. They may view the caregiver's relationship with the agency as a betrayal, and it may intensify old conflicts between the parents and their own parents (who are most often the caregivers). The family may split into "camps." Other family members may become involved, and parents may feel that the family is "ganging up" on them. All of these possibilities point out the need to explore the parent's feelings related to kinship care.

26. Ask participants to identify ways to build the relationship and provide initial support to parents during the assessment process.

Just as we identified ways to work with the other two members of the triad during the assessment, we also want to look at how we can help the parent and increase the likelihood of parental involvement. What ways can you identify?

Ensure that the following are covered:

- be clear with parents about the reasons for placement and what must change in order for the child to return to their care and custody
- provide supportive services to help them work toward reunification
- provide clear information to the family regarding court processes, legal rights, responsibilities, and expectations
- involve parents, to the extent possible, in the entire process of arranging for and planning kinship care
- use basic relationship-building skills—offer empathy, recognize pain, provide direction, and demonstrate honesty
- develop a plan for visits with the parents that provides the needed structure to ensure safety, but will allow for successful visiting
- explore feelings related to kinship care and the relationship with the kinship caregiver, and help the parent deal with these feelings in a way that will not disrupt the child's situation
- support the relationship between the parent and the kinship caregiver, and provide mediation or help with problem-solving as needed

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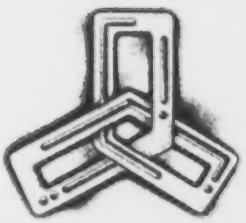

- focus on working in the child's best interest as a means to help resolve any conflicts
- assure parents that they will be involved in decision-making processes for the child

27. **Refer participants** to Resource III-3-d: **Working with Parents during Assessment.**

You identified some excellent ways to build relationships with parents, and support them and their involvement in planning for the child. This resource summarizes our discussion.

28. **Refer participants** to Resource III-1-c: **The Stewart Case.**

This is the case you read involving the two children who are living with their grandmother. Take a few minutes and read through the case again, keeping in mind what we have discussed and what we need to know about each member of the triad.

29. **Conduct a brainstorming exercise** that considers assessment of each individual in the Stewart family. Depending on the time, discuss all individuals or some. Record responses for each individual on a flip chart and post in the room.

Now that we have reviewed the elements of assessing the individuals in the kinship care family triad, we can begin to put some of the pieces together to assess the members of the Stewart family triad. Let's see what kind of information we can generate in assessing the individuals in the Stewart family. Remember, assessment is a process, and you might not have all the information you would need at this time. But there is significant assessment information that can be pulled from the case.

What assessment information do we know about Robert at this time?

- moderate risk due to behavior problems
- need for follow-through with therapy appointments
- need for food stamps
- ineligibility for day-care funds

What assessment information do we know about Marie at this time?

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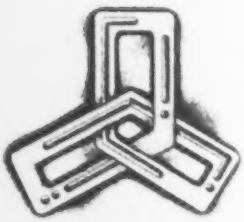

- need to resolve custody issues
- limited contact with father
- history of problems related to mother's alcohol and substance abuse
- developmental delays
- need to be assigned to HMO

What assessment information do we know about Gloria Stewart at this time?

- strong attachment to children
- growing frustration with Robert
- lack of custody of Marie
- income discrepancy between benefits for Robert and Marie
- need for follow-through with Robert's counseling
- need for support in getting Robert to treatment
- need for day care for Robert
- need for respite care to attend church activities

What assessment information do we know about Marianne at this time?

- nature of relationship with children: abandonment, etc.
- history and current involvement with alcohol and drug use/abuse/addiction
- no regular visits or contact with children
- no financial support or assistance to children
- occasionally makes surprise visits to children

What assessment information do we know about Robert's father at this time?

- he is incarcerated

Assessment of Marie's father should include:

- has a job
- provides regular, although limited, financial support

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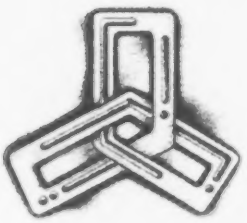

- visits on regular, although limited, basis
- has said that he cannot provide a permanent home for Marie
- has opposed Marie's custody going to Mrs. Stewart

30. **Review the assessment** data and summarize the session.

During this session we have identified the elements of assessing individuals in the kinship care family system—the triad. We have reviewed the responses of these family members to kinship care placement, and suggested tasks for the worker in helping each family member to become a valuable resource and fully participating member in service planning and delivery to the triad. We also applied this knowledge and looked at individual members of the Stewart family. In the next activity, we will look at assessing the family triad as a system.

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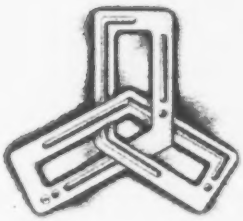
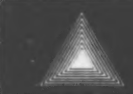


Session 4



Competency

The worker knows how to assess the kinship family triad in kinship care situations.

Time 1 hour 45 minutes

Purpose To provide specific criteria for consideration when assessing the dyads and the kinship care family triad.

Objectives Through **Session 4** the worker will be able to:

- identify the kinship family structure
- list components of family functioning
- describe the relationships of dyads in the family system
- use an assessment tool to gather and organize data about the family system

Materials

Flip chart/markers

Overhead projector

Resource III-1-a: **Module III Competencies and Objectives**

Resource III-4-a: **The Genogram**

Resource III-4-b: **Triad Relationship Assessment**

Resource III-4-c: **The Eco-Map**

Resource III-4-d: **Family Functioning**

Resource III-4-e: **Assessing Strengths**

Resource III-4-f: **Comprehensive Family Assessment**

Transparencies for the above resources as needed by trainer

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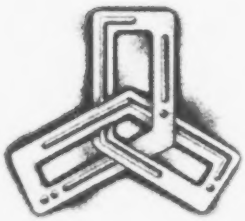

1. **Refer participants** to Resource III-1-a: **Module III Competencies and Objectives**. Review the Session 4 competency and objectives.

2. **Introduce the concepts** of family structure and family dynamics.

   Family structure basically refers to how the family is organized, and the roles that various members of the triad will play in fulfilling the functions of the family. There are many possible configurations of family structure.

   The term "family dynamics" refers to the processes of family functioning. Family dynamics include relationships between members of dyads in the family system, developmental issues related to individuals in the family and to the family as a whole, communication styles and patterns within the family, and the family's style of problem solving/conflict management. In kinship care we also want to look at how the family develops goals for the kinship care service triad.

3. **Introduce the genogram** as an assessment tool to map family structure.

   A frequently used assessment tool to identify family structure is the genogram. The genogram is a way of mapping out those people who comprise the family system. It is developed in an orderly and systematic manner, so that it can help the worker organize information about complex families.

   The genogram is especially helpful in identifying the structure of three to four generations of family members. Information such as dates of birth and death, as well as marriage and divorce dates, can be recorded on the family map. When family members are added to the map, specific information about each member can be added, including their socioeconomic status, their address, safety of the community in which they reside, access to resources, and the schools near them.

4. **Refer** to Resource III-4-a: **The Genogram** and ask the group how many participants are familiar with or use genograms. If participants are familiar with the tool, explain that they may refer to this resource for a review. Move on to #5. If participants are not familiar with genograms, review the resource. Using the flip chart, complete the Stewart family genogram as diagrammed below.

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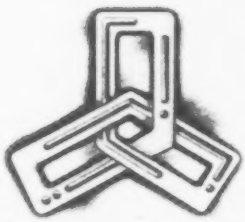
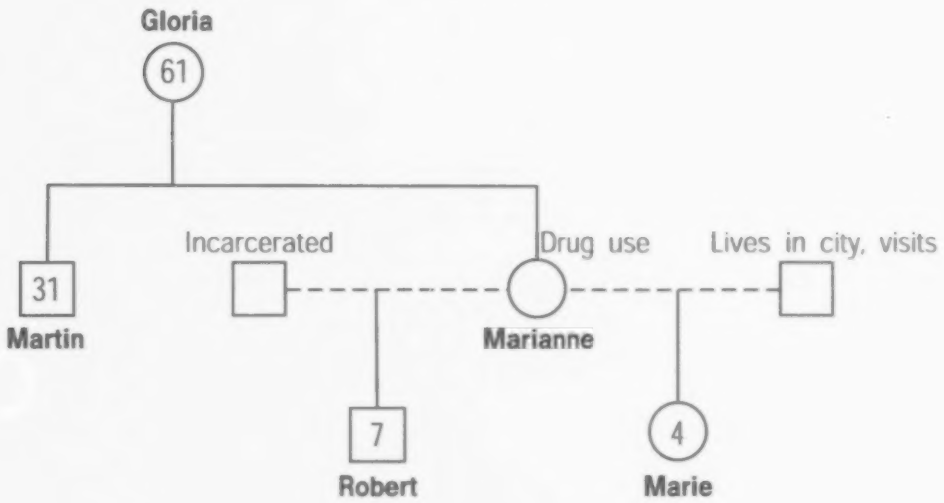


A genogram for the Stewart family would look like this, based on the information we now have:



5. **Introduce the concept** of using tools to assess family dynamics.

A family genogram can tell us about family structure, but family systems can also be identified by their functioning—the dynamics that operate within the system, and between the family system and its environment. Dyads are elements of family structure. Each person in the family is in dynamic relationship to each other member. In the kinship triad there are always at least three important dyadic relationships. It is important to assess the dyadic relations between the members of the triad: the parent-child relationship, the child-caregiver relationship, and the caregiver-parent relationship.

6. **Refer participants** to Resource III-4-b: **Triad Relationship Assessment.**

If you look at Resource III-4-b: **Triad Relationship Assessment,** you will see a graphic tool which can be very helpful in assessing the relationship dynamics among triad members. The worker is the newcomer to the picture. As you begin to work with the triad, it is important to keep in mind that the members of the triad have a long history of relating to one another. The nature of these relationships must be identified and accepted as "givens" at the start

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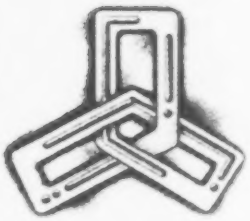

of service delivery. We can categorize the relationships by using descriptive terms.

Much of this information may be gathered in individual interviews with each member of the triad. Certain questions can be asked to help you get a "feel" for the relationships. "How would you describe your relationship with _____?" is a question each person can be asked about every other person in the triad. "Has it always been that way?" will give you information about changes in the relationship over time. "What was the relationship like when _____ was little?" will give important history. Another good question to ask is "What happens when the two of you get mad at each other?" Three questions will help you to understand the range of the qualities of each relationship. First, you can ask "What was the worst your relationship has ever been?" That can be followed up with "What is the best your relationship has ever been?" Finally, you can ask "What is your relationship with _____ usually like nowadays?" These questions will give you a "feel" for the characteristics of the relationships already in place as you begin work with the triad. This is important since you will literally be in the middle of all these relationships.

In kinship care, unlike foster care, all members of the triad continue in relationship with one another. Since these relationships will circulate around the worker, it is essential to obtain a working knowledge of the emotional nature of the relationship within each dyad.

7. **Draw a triangle** on the flip chart and explain how the triangle can be used as a tool to describe dyad family relationships.

The triangle can be used as a tool to describe dyad family relationships. For instance, you might look at the relationship between Mrs. Stewart and her daughter Marianne. Along this line you could put words that characterize the relationship. For instance, you might put "hostile," "fearful," or perhaps "loving," depending on what you discover in the assessment. Between Marie and Mrs. Stewart you might record "warm" and "nurturing." Between Marie and her mother you might note "loving" as well as "tenuous."

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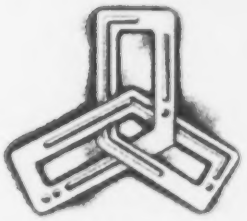

8. **Summarize the discussion** of the triad relationship assessment.

   You can see that this tool allows us to organize our perceptions of the relationships between family members. We could substitute different family members in their respective roles in the triad until we have a complete picture of the interrelationships among the members of the kinship care family system—the triad. For instance, we could also look at the relationships between Robert, his father, and Mrs. Stewart.

9. **Refer participants** to Resource III-4-c: **The Eco-Map**, and ask how many participants are familiar with or use the eco-map in their work with clients. If participants are not familiar with the tool, spend more time reviewing the resource.

   Another tool frequently used to assess family dynamics is the eco-map. The eco-map looks at the interactions between the family as a whole, and important people, agencies, and institutions in the family's environment.

   The genogram is a map of family structure. The eco-map is a tool to map the family's interaction with its environment. The family or household is in the center of its world, and is surrounded by important members of the environment with whom the family interacts.

   The circles surrounding the family are used to list each different element in the environment with which the family is involved, such as schools, churches, or organizations. Then lines are drawn between the family and each element or system with whom the family interacts. Lines represent the perceived quality of the relationship of the family with each system. For example, strong relationships are designated by dark and continuous lines, tenuous relationships are designated by dotted lines, and slashes indicate stressed relationships.

10. **Ask participants** to assist you in developing an eco-map of the Stewart family on flip chart paper. Start with Mrs. Stewart's household members in the center circle. Ask participants to identify the

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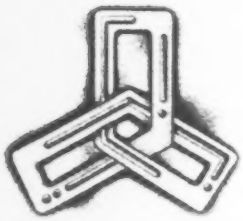
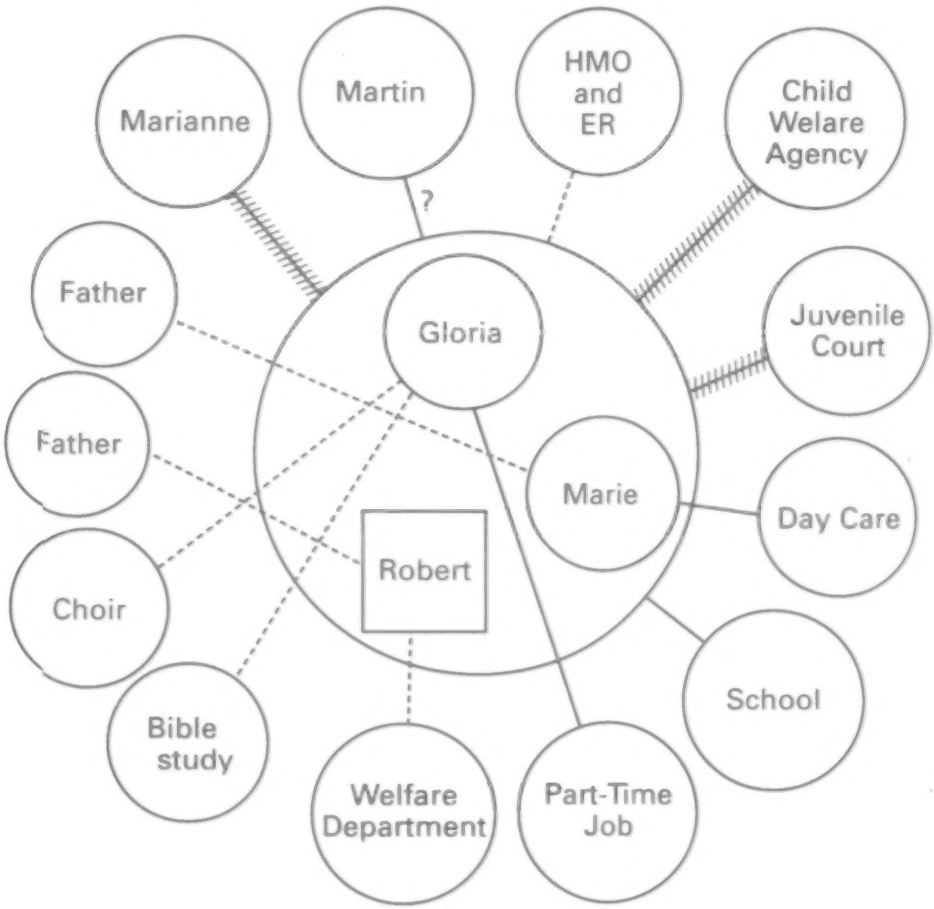


different connections the Stewarts have with their environment, and the nature of these relationships (strong, tenuous, or stressed).

The eco-map would look similar to the following:



11. Summarize the discussion of eco-maps.

Just as the genogram maps the structure of the family, the eco-map depicts dynamics between the family and important elements of its environment. This can be especially important when looking at kinship situations, because kinship families need strong connections with the community in order to meet the needs of the child.

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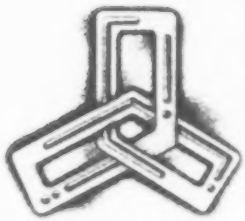

12. Refer participants to Resource III-4-d: **Family Functioning,** and review.

This resource contains a number of concepts or issues that relate to family functioning.

Family developmental issues can refer to individual developmental issues that may affect the entire family (such as adolescence), or to the developmental stage of the family as a whole (e.g., a newly formed family through marriage). Based on the developmental needs of the individual or the family, we can make some predictions about what the family may experience and what they may need.

How roles are identified and performed refers to the division of labor within the family. We might look at who provides the nurturing and caretaking, who provides for the financial needs of the family, or who provides the fun and entertainment.

How needs are expressed and met looks at how family members act or adapt to get what they need, and how the family responds to meet the need.

Patterns and styles of communication refers to how family members interact to get their messages across to one another. Patterns involve the degree of order or chaos in which communication occurs. Styles of communication refer to the quality of the interaction, such as honest, open, closed, guarded, or secretive.

Functionality of communication looks at how well these patterns and styles enable the family to meet its needs.

Problem solving looks at how the family approaches difficulties or obstacles. Does the family deny problems, meet them head on, or planfully approach solutions?

Conflict management looks at how the family functions when there are disagreements. Some families argue out their conflicts, others ignore them, some families become divided on conflict issues, and still others work out ways to manage the conflict.

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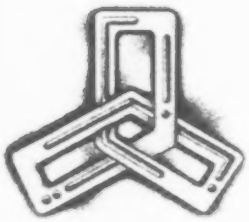

Family goals includes consideration of how the family decides on goals, what the goals are, the extent of agreement about them, and how the family works together to achieve them.

13. **Ask participants** to take a minute and consider which of these areas they have found especially important in the family assessments they have conducted. Discuss their responses.

14. **Ask participants** to consider the Stewart case and which of these areas might be especially significant when assessing kinship care.

Ensure that the following points are addressed:

Developmental issues are quite significant in this case. The children are trying to meet their developmental needs and are having some difficulties doing so. This means the family needs extra services and help. At the same time, Mrs. Stewart is trying to meet her developmental needs as an older woman.

How roles are identified and performed is important when looking at what the parents provide for the children, how this is understood by the family, and how it impacts the children. The role of the child welfare agency will also have to be worked out in terms of what the agency will provide, and the expectations the agency has of Mrs. Stewart.

How needs are expressed and met is important, especially in conjunction with the developmental issues in this family. Sometimes needs that are not met will be expressed through acting out. This may be true for Robert, who is exhibiting behavior problems such as fighting, stealing, and bedwetting. At this time Mrs. Stewart has developmental needs—to be with her friends, sing in the church choir, and attend Bible studies. How Mrs. Stewart will express these needs may become critical in this case. Will she become increasingly frustrated, perhaps even getting to the point where she no longer wishes to continue her caregiving role?

Problem-solving will be important as Mrs. Stewart figures out how to get the children's needs met, as well as her own. She must also solve financial problems. In the past, Mrs. Stewart has demonstrated that one approach to problem solving has been to wait for the problem to pass or somehow solve itself, such as when she discontinued Robert's therapy thinking he would "outgrow" the problem.

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There is not a lot of information about how this family will *manage conflict or identify family goals.* But these are both important areas as you look at all the different people involved and the important decisions that will need to be made regarding permanence for the children.

15. **Introduce the assessment** of strengths.

A traditional approach to family assessment has been to identify problems and work to resolve them. Recently, approaches to assessment have expanded to include the assessment of strengths. The assessment of strengths in the kinship triad is very important. It allows us to identify resilience among family members and the resources available within the family system.

16. **Refer participants** to Resource III-4-e: **Assessing Strengths.**

Strengths refer to capacities, skills, and characteristics that promote adaptation and mastery

Self-respect, self-esteem, self-confidence, and self-knowledge are examples of strengths that promote resilience among family members.

Self-respect emanates from social relationships. A person who operates with integrity in social relations will develop a sense of self-respect. Chaos in social relations can generate self-hate, which leads to self-destructiveness. In assessing a family, it is important to determine which individuals demonstrate self-respect. This can be seen in the ways people commit to a course of action, follow through with what they have agreed to do, and work constructively to face challenges.

Self-esteem is a basic belief in one's own goodness and worth. It is a reflection of the working self-model a person carries inside. People with negative inner working models of themselves have low self-esteem and believe that they are "worth less." Indications of positive self-esteem can be found in comments about self and about others. Self-esteem provides the inner strength necessary to face challenges courageously and without yielding to self-defeating feelings and attitudes.

Self-confidence refers to a person's belief in his/her ability to do and to understand. These are very important strengths that can

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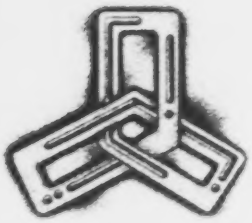

promote effectiveness and adaptability. People full of self-doubt will find it difficult to attempt new behaviors that may help them adapt. Self-doubt can generate resistance to change and can lead to resignation or withdrawal when initial efforts are not met with success.

Self-knowledge refers to the idea that a person knows his/her own strengths and limitations. People with self-knowledge know which personal resources they can rely on, as well as where they may be limited. Without this self-knowledge, failure is likely, especially with difficult challenges. Signs of self-knowledge are seen when people acknowledge and take responsibility for what they have and have not been able to do. People demonstrate self-knowledge when they can accurately assess the challenges facing them, and determine what they can and cannot do in response to these challenges. Self-knowledge empowers people to make realistic plans which have a high probability of success.

17. **Note the importance** of assessing for strengths in kinship care.

In working with the kinship family triad, it is important to assess for these strengths, among other skills and capacities of family members. Chances are that some, if not all, of these strengths can be found in every family system. It is the job of the worker conducting an assessment to identify all sources of strength and to support them with appropriate services. In kinship care we must build on the strengths of the family. Careful assessment of strengths helps to build relationships with family members. It helps us to "meet them where they are," and vice versa.

18. **Ask participants** if they can identify examples of strengths or needs related to self-respect, self-esteem, self-confidence, or self-knowledge in the Stewart family.

Identify the following if participants do not:

- Mrs. Stewart demonstrates self-respect by committing herself to taking care of her grandchildren and following through with this commitment
- Marianne demonstrates low self-respect through her inability to support her children
- Marianne, Marie, and Robert may all be experiencing low self-esteem: their behavior suggests that they have negative inner working models of themselves

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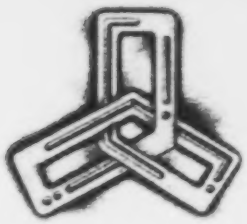

- Mrs. Stewart's self-confidence is flagging; however, she has shown a remarkable capacity to do and to understand
- Marie's father may lack self-confidence, although it is difficult to assess whether he lacks self-confidence, or whether this is an accurate reflection of self-knowledge
- Mrs. Stewart seems very adept at assessing her own capacities and limitations; she has been strong and is aware that she may be approaching her limitations

19. Refer participants again to Resource III-4-e: **Assessing Strengths** and continue the discussion.

There are also potential sources of system strengths. These can include personal, financial, knowledge, and relationship resources of members of the family network.

Strengths can also be found in the developmental stages and transitions of family life. These provide the family with expanded opportunities for change, growth, and development. It is important to consider where family members are in their own life cycles, and where the family is in its own developmental cycle.

Finally, we consider the particular capacities, skills, and talents of family members that can be tapped, supported, and strengthened in order to enhance relationships and improve family functioning.

20. Refer the participants to Resource III-4-f: **Comprehensive Family Assessment.**

This resource graphically illustrates how various elements can be combined into a comprehensive approach to family assessment. Individual family members are nested in their families. Each has his/her own hopes, coping skills, reality base, and personal resources. Each can be assessed in terms of the strengths we have been discussing.

At the top of the diagram are issues related to family structure. Assessment of family structure includes identifying the members of the triad, significant information about each member, and considerations about culture and ethnicity.

On the right are the items related to family functioning. Here we look at the dynamic elements of role functioning, communication,

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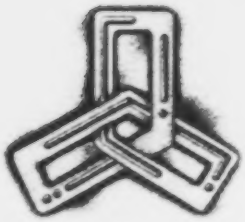

power, problem solving and conflict resolution, and agreement on goals.

On the left are considerations of family relationships. Here the dyadic relationships between members of the triad are clarified.

At the bottom of the diagram are issues related to family strengths and weaknesses. Notice that here we look at strengths and problems that are system-wide.

It is important to remember that every individual in the triad is affected by, and affects, all of these assessment categories. The interplay of these elements is an important part of the assessment.

21. **Stress the importance** of mutuality in the assessment process.

During the assessment there is a lot of information to gather, and you will be using this information to formulate hypotheses about what is going on and why. But remember that the family is the expert on their family. Explore with the family what your thoughts and concerns may be. Discuss how they view their own strengths and needs, and together identify ways to meet those needs. The assessment is a dynamic and interactive process, and is not something that is done to, or for, families. Mutual exploration of the problem will generate solutions that are more likely to be successful.

22. **Ask for questions,** comments, or thoughts about assessment in kinship care.

23. **Summarize** this session and module.

This concludes the module on assessing families in kinship care. In this module the kinship care triad was presented, and we looked first at assessing the individual members of the triad.

During this session we looked at a variety of assessment tools to help in understanding how the triad functions, as well as the strengths and needs of the kinship triad.

The next module will look in depth at an intervention technique that is very helpful in kinship care situations—the extended family meeting.

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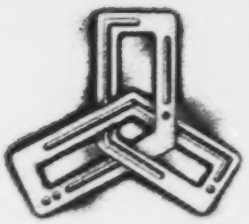

Notes

1. J. Mathews, *Core training for child welfare workers: Service planning module.* (Washington, DC: Child Welfare League of America, 1997, unpublished curriculum).

2. H. Hornby, D. Zeller, D. Karraker, Kinship care in America: What outcomes should policy seek? (*Child Welfare,* 1996, Vol. LXXV), pp. 397–418.

3. J.D. Berrick, R.P. Barth, B. Needell, A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. (*Children & Youth Services Review,* 1994, Vol. 16, No. 1–2), pp. 33–63.

4. Adapted from *Kinship care: A natural bridge.* (Washington, DC: Child Welfare League of America, 1994), pp. 44–45.

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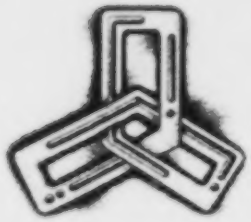

MODULE III

PARTICIPANT RESOURCES

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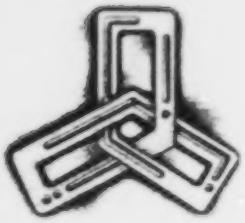
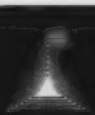


Module III

Resource III-1-a

Competencies and Objectives

Session 1



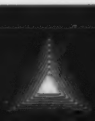
Competency

The worker knows the purposes of the assessment process as it applies to kinship care.

Through **Session 1** the worker will be able to:

- explain assessment as a product
- explain assessment as a process
- describe the purposes of assessment
- describe the application of knowledge about assessment specifically to service delivery in kinship care
- define his/her role relative to assessment in kinship care

Session 2



Competency

The worker knows how to assess the child's need for permanence in kinship care situations.

Through **Session 2** the worker will be able to:

- explain how kinship care may challenge our traditional approach to permanency planning
- identify the three basic needs that children have related to permanence
- identify factors that must be assessed when considering the child's need for ongoing safety and permanence, connections, and continuity
- determine assessment areas most significant for permanency decision making on specific case situations

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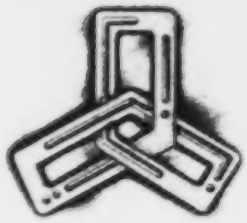

Session 3

Competency

The worker knows how to assess the individual members of the triad in kinship care situations.

Through **Session 3** the worker will be able to:

- list the needs of the individual members of the triad that require immediate assessment
- list the feelings of the individual members of the triad when the child is placed with a kinship caregiver
- describe the attempts of individual members of the triad to deal with these feelings
- explain how to apply the information gathered to help the individual members of the triad adjust to kinship care

Session 4

Competency

The worker knows how to assess the kinship family triad in kinship care situations.

Through **Session 4** the worker will be able to:

- identify the kinship family structure
- list components of family functioning
- describe the relationships of dyads in the family system
- use an assessment tool to gather and organize data about the family system

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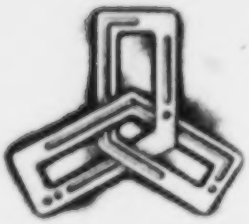

Module III

Resource III-1-b

Kinship Assessment–Process and Product

Assessment Process

The assessment process includes those activities directed toward determining:

- what is happening
- why it is happening
- what can be done about it

In kinship assessment the process is focused on the triad family system:

- the child or children
- the birth family
- the kinship caregiver(s)

Information is gathered through:

- interviews
- observation
- collateral contacts

Assessment Product

The assessment product provides written documentation of the assessment process. The assessment:

- is clearly written
- has clearly documented sources
- limits the use of jargon
- distinguishes fact from inference or impression

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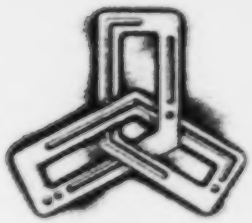

The Stewart Case

Gloria Stewart is 61 years old. For the past two years she has been caring for her two grandchildren: Robert, 7, and Marie, 4. They live in a small metropolitan area in a two-bedroom apartment. Until recently she shared this apartment with her single son, Martin, 31, a school-bus driver in the local district.

Mrs. Stewart was granted custody of Robert by the Juvenile Court. Marie is in the legal custody of the local social services office. Social services has placed Marie with Mrs. Stewart. Mrs. Stewart feels this has made it somewhat more difficult to make decisions regarding Marie's medical and educational needs.

Marianne is Mrs. Stewart's daughter and the mother of both children. Before the children came to live with Mrs. Stewart, they had been neglected due to their mother's drug-related problems. She used alcohol regularly, but was also addicted to cocaine or heroin. Due to her drug use and her absences from home while she acquired drugs, she was unable to provide adequate care for the children. On rare occasions she will show up at Mrs. Stewart's house. These surprise visits are disruptive for the children. Marianne does not contribute to the support of the children in any way.

Robert's father is incarcerated. Marie's father lives in the city and has a job at a clothing factory. Once a month he visits and gives Mrs. Stewart $30 towards Marie's care. This is the only contact he has with her, although he has expressed an interest in seeking custody of Marie. He says that the need to provide child care for Marie, his living arrangements, and his lack of parenting skills prevent him from gaining custody. He has not addressed these issues, but he opposes Marie's custody going to Mrs. Stewart.

For a few years Robert has had serious problems. He briefly attended therapy at the local mental health center. He stopped going for several reasons: the center was an hour's bus ride each way; the waiting room was filled with all the center's clients, including severely mentally ill adults; and the wait was very long. Mrs. Stewart has discontinued therapy, believing that Robert will outgrow his problems. In the meantime, Robert continues to be involved in neighborhood fights, has begun stealing, and is a chronic bedwetter.

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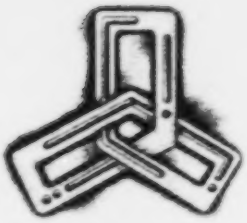

Marie is also experiencing problems. As an infant she was diagnosed with physical problems as a result of her mother's drug use during pregnancy. Marie is delayed in her social and cognitive development. Mrs. Stewart does not seek wellness visits for the children, but they receive medical care in emergencies or when symptomatic. Robert is on medical assistance and is assigned to a local HMO. Marie has medical assistance but is not assigned to any participating medical plan.

The children seem securely attached to their grandmother. She loves them dearly, but is beginning to show signs of impatience with Robert. She is also frustrated because she has had to forgo several of her favorite activities, including singing in the church choir and attending Wednesday Bible studies.

Mrs. Stewart receives $130 a month in AFDC for Robert and $320 a month in foster care payments for Marie. She does not receive food stamps. Mrs. Stewart works part-time and earns about $500 each month. She gets no medical benefits or leave. The child welfare agency provides day care money for Marie, but Robert is ineligible for Title IV-A day care funding since Mrs. Stewart is not part of his AFDC case. There is some question about whether Robert might be eligible for Title XX subsidized day care. Even if he were, there is an extensive waiting list.

Mrs. Stewart is considering allowing the child welfare agency to take custody of Robert because the foster care allowance would be greater than the current AFDC amount. However, she is not happy with the requirements of foster care.

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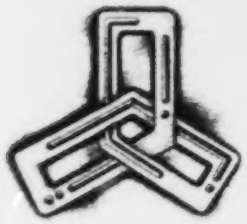

Assessing Permanence for Children in Kinship Care when Reunification Is Not the Goal

Assessing the child's need for ongoing safety and protection

The safety of the kinship home.

The ability of the kinship family to meet the child's basic needs on an ongoing basis.

The ability of the kinship family to set appropriate limits and boundaries with the birth parents around contact, visits, and care of the child.

The type of abuse or neglect to which the child was exposed, and the kinship family's ability to monitor the perpetrator (who may be a family member) to prevent access to the child, as recommended.

The parent's willingness to cooperate with the kinship family and the agency in ensuring the child's safety and well-being.

Any family dynamics in the kinship home related to the abuse or neglect of the child.

The kinship family's willingness to cooperate with the agency toward ensuring the child's safety and well-being.

The degree to which the child perceives that he/she is safe and protected in the kinship family.

The presence of alcohol or other drug involvement in the kinship home.

The number of children already being cared for by kin and the status of other children in the home, including HIV status, exposure to alcohol and other drugs, and medical condition.

The existing supports to which the kinship family has access.

When relevant, the possibility that family members will pressure the child to recant disclosure of abuse.

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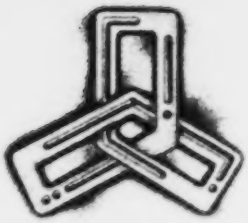

Assessing the child's need for connections

The nature of the child's relationship with the kinship family. (Has the child lived with or been cared for previously by the kinship family? What type of contact has the child had with kin?)

The nature of the child's contacts with birth parents and siblings, and the extent to which this is impacted by kinship care. (Does kinship care make it more possible for the child to maintain contact and visits with family?)

Connections to community (Does kinship care allow the child to remain in his/her community? To be in a community that is familiar? To be in a community that supports the child's cultural ties and identity? Does kinship care allow the child to practice his/her religion?)

Assessing the child's need for continuity

The kinship family's willingness to accept the child into the home and commit to the child on a long-term basis or for as long as needed.

The degree to which the kinship care family provides the child with a sense of belonging, stability, and predictability.

The child's willingness to commit to living with the kinship family on a long-term basis or for as long as needed.

The degree to which the child experiences kinship care as stable and predictable.

The birth parent's willingness to support the child's living with kin on a long-term basis or for as long as needed.

The degree to which the kinship family and birth family can help the child understand his/her history, prior placements, and the nature of the kinship situation.

The health status of the kinship caregivers.

The age of the kinship caregivers in light of the child's developmental and long-term needs.

Adapted from *Kinship care: A natural bridge.* (Washington, DC: Child Welfare League of America, 1994), pp. 44–46.

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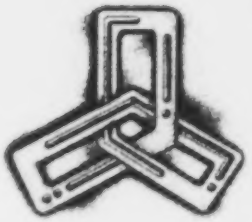

Using Assessment to Promote Good Permancy Decisions

A. Robert and Sylvia

Robert (age 8) and Sylvia (age 2) have been living with their maternal grandmother off and on for the last several years. On two occasions, the children entered family foster care for brief periods due to their grandmother's health problems. Grandmother is diabetic and is hospitalized periodically. Their mother is in prison and is scheduled for release in three years. She has expressed concern about whether or not her mother is able to care for the children due to health issues. She was very upset when the children were placed in foster care. The children are taken monthly to visit their mother in prison.

Robert's father lives in another state, and he visits every few months. He has indicated that his sister (who lives near him) is willing to take both children. He has expressed a desire to have more of a relationship with Robert. The grandmother has not supported this, noting that he has never provided for Robert or been involved in a consistent way.

Sylvia's father has recently moved back to the city and is currently seeking to gain custody of her. Sylvia has never seen him. The judge has required that he have a parenting evaluation prior to allowing any contact with the children. He has not followed through on this during the past four months. Both of the children are doing very well. They adjusted well to their temporary foster care placements and were described as "good, funny, and lovable" children. Robert is doing well in school. Sylvia, who for several months had early intervention services, has now been assessed to be developmentally on target.

B. Juan

Juan, age 2, was born prenatally exposed to cocaine. He had many special needs as an infant, and was placed in a family with special training and abilities to work with drug exposed children. There were no family members at that time who felt prepared to deal with Juan's medical needs, and it was unclear what those needs would be long-term. In the foster home he has flourished. He made significant gains, while still requiring a lot of medical follow-up, early

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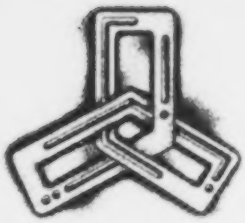

intervention, and some home health care services. He had learned to walk, and though his speech was delayed, it was improving. His mother (age 17) visited weekly along with her 22-year-old sister, but she remained overwhelmed with his special needs. Juan's mother, working with the agency, agreed to sign an adoption relinquishment, and a plan was developed for Juan to be placed with the mother's sister. The foster family, hoping to adopt Juan, was very upset at this decision. However, all parties cooperated with the plan. Juan has now been with his aunt and her three children for three months. However, his medical providers have expressed great concern that many of his appointments are missed. His developmental progress has not continued. The aunt has expressed concern that she can't handle all of Juan's needs, and especially all the agencies, appointments, and services she must coordinate.

C. Natasha

Natasha, age 7, was sexually abused by her father and one of her mother's boyfriends. She has been living with her maternal great-grandmother. She had lived with her great-grandmother at two other times due to her mother's drug use (from age 6 months to 2 years and from age 4 1/2 to 5), and spent significant periods of time in the home over the years. Also living in the home are three cousins and an aunt. The great-grandmother is a retired school teacher who is very religious and community-oriented. She drives Natasha to school so she can stay at the same school. She has willingly involved Natasha in sexual abuse treatment services and in obtaining special services through the school. Natasha loves her dearly. At the time of the investigation Natasha told the worker clearly that she wanted to go stay with her "Grand Nana." Some issues have come up since the placement three weeks ago. Natasha's mother and maternal grandmother have moved into the home. Both are using drugs, but the great grandmother feels unable to "throw them out on the streets." Natasha has told the worker that a lot of men are in and out of the home.

D. Celia, Danny, Erel, and Tanita

Celia and Danny, ages 7 and 5, were adopted three years ago by their foster parents. They originally came into care after their parents left them at a neighbor's home and did not return. The parents moved out of state and did not contest the adoption or visit the children. The parents divorced while living out of state.

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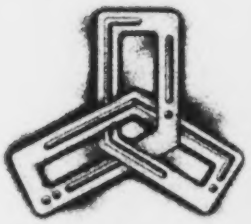

Shortly after the adoption, Mom returned to the area with a new boyfriend and their one-year-old child, Erel. Erel was placed with the paternal grandparents following a report of physical abuse by his father. Erel, now 4, has many developmental problems and behavioral challenges.

Three months ago Tanita was born. The mother said she did not know who Tanita's father was. Tanita was placed with Erel and Erel's grandparents. Erel's grandparents say they do not feel able to continue parenting both children. Celia and Danny's adoptive parents have expressed an interest in adopting both Erel and Tanita, stating they feel the "siblings should be together." Erel's grandparents were initially upset when they heard this, but have recently said they think it might be a good idea.

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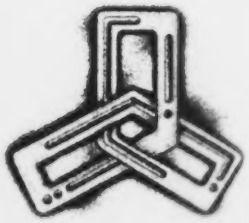

Module III

Resource III-3-a

Assessing Members of The Family Triad

In this activity, you are assigned to consider the child, the parent, or the kinship caregiver. Identify areas you would want to explore during the assessment process. After discussing the questions in your group, please record your responses on flip chart paper.

Member of the kinship triad your group is considering: _____ _____.

1. Identify areas you would want to consider or information you would want to know when assessing this member of the family triad.

2. Identify areas you would want to assess that are specific to a kinship-care situation. (Star any areas specific to kinship care in Question #1, and/or record any other areas below.)

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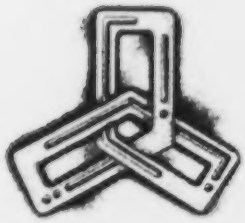

Working with Children During Assessment

Child's Feelings When Placed

Guilt	Children feel as if they caused their placement; blaming themselves helps them deny anger at parents
Grief	Children grieve real and imagined losses, regardless of improvement in care
Fear	Children must adjust to what is new and unknown, as well as to feelings of abandonment; they may fear punishment for misdeeds
Culture Shock	Children must adjust to different norms and values in the kinship caregiver's home

Behavioral Responses

In order to work through feelings of guilt, grief, fear, and culture shock, children are likely to exhibit a range of behavior. They may:

- create emotional distance between themselves and a new caregiver
- try to reproduce the situation in which they were abused
- try to cause what is feared most (get it over with)
- withdraw and become uncommunicative
- displace anger and direct it toward caregivers
- attempt to hurt others before others can hurt them
- exhibit a range of symptoms, such as regressive behavior, head banging, sleep disturbances, hyperactivity, thumb sucking, masturbation, vomiting, eating and bowel upsets, etc.
- pit parent against relative
- make relative feel guilty for splitting up family
- run away to parents' house

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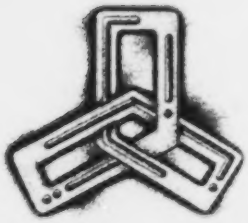

Four Psychological Tasks for Children in Placement

Children in placement are dealing with a lot of feelings and struggling to understand a very complicated set of circumstances. There are four psychological tasks that the child must work through.

The child needs to:

- master feelings related to separation from parents
- master feelings related to placement with new caregivers
- deal with possible future separation from new caregivers
- overcome the threat of being close to new caregivers

How the Child May Experience Kinship Care

The experiences of the child in kinship care may be different from those of the child placed in family foster care. This is because kinship is different from non-relative placement.

If the child is familiar with the kinship caregiver, the child's feelings of fear and culture shock may not be as intense.

Caregivers who are familiar with the child may be more adept at handling the child's feelings and/or behaviors.

The potential loss of the new caregivers would not be as intense in a kinship situation. If the child leaves the kinship situation, the kinship family remains a part of the child's life.

Often the child is already close to the kinship caregiver. The psychological task of overcoming the threat of being close to new caregivers would not be as difficult.

The child could feel greater guilt for causing a situation that is disrupting the entire extended family, causing additional family members to be aware and involved.

The child may feel confused about the role of various triad members—especially if the birth parent is physically present, but no longer providing primary care.

The child may need help to understand visits if they do not occur as part of a structured plan.

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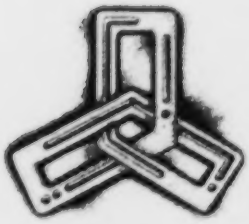

Psychological Tasks for Children Adjusting to Kinship Care

We can look at the psychological tasks for children placed in family foster care and think about how these could be reframed for kinship.

The child will need to:

- master feelings related to the parent who is no longer providing primary care (parent may still be available, but the child may experience the role change as a loss)
- master feelings related to relatives now assuming part (or all) of the caregiving responsibilities
- deal with possible shifts in caregiving role between kinship caregiver and parent
- adjust to new type of relationship with the kinship caregiver and overcome feelings of guilt that may be associated with the relationship

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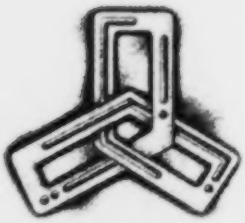

Module III

Resource III-3-c

Working with Kinship Caregivers during Assessment

Issues to Consider in Assessing the Kinship Caregiver

How the child and parent relate to the kinship caregiver.

Relative's willingness to care for the child.

Ability of relative to protect child who is removed from birth parent and to prevent future risk of abuse/neglect.

How the kinship caregiver will deal with the relationship with the child's parent over time.

Relative's willingness to comply with agency guidelines and court stipulations.

How the relative placement might ease separation trauma of child and parent(s).

Relative's attitude towards child.

Existence of family dynamics of abuse/neglect that might operate in relative's home.

Support system if kinship caregivers are unable to fulfill role.

Issues of substance abuse or domestic violence, if applicable; and impact on child and extended family.

Kinship caregiver's ability and willingness to work toward child's permanence.

Possible Reactions or Feelings of Kinship Caregivers in Kinship Situation

The kinship caregiver may feel intense anger toward the birth parent for abusing or neglecting the child.

The kinship caregiver may feel guilt over the birth parent's behavior. This is particularly true if the caregiver is the parent of the abusing or neglectful parent.

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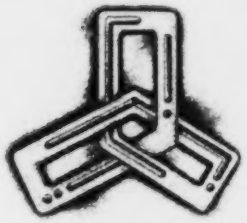

The kinship caregiver may feel exhausted and overwhelmed. Often they have been actively involved in trying to help the birth parent. Adding the care of the child may feel like "too much."

The kinship caregiver may feel guilty about taking the parenting role away from the parent.

The kinship caregiver may feel relief that "something" has been done and may feel hopeful that this will create a better situation for the child.

The kinship caregiver may lack any emotional response. Some relative caregivers have been providing care for the child "on and off" for a long time and the situation may seem like the "status quo."

The kinship caregiver may be frustrated, embarrassed, or even angry that an agency is now involved in a situation that family has handled in the past.

The kinship caregivers may feel "dumped on" because they must dip into their own scarce resources to care for the child with little or no financial support.

The kinship caregivers may feel conflicting loyalties between the parent (their child) and the child (their grandchild).

Ways to Build Relationship and Provide Support to Kinship Caregivers During Assessment

Recognize the strengths that kinship caregivers bring.

Be empathic toward the caregiver's feelings related to the situation.

Be concrete and specific around expectations of the kinship caregiver.

Assure the kinship caregivers that they will participate in decision-making processes.

Recognize the kinship caregiver's strengths and skills in caring for the child (in some situations the caregiver may have

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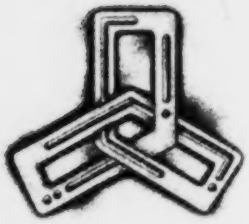

already been caring for the child, or may have cared for the child in the past).

Offer concrete supports to assist the caregiver in providing for the child.

Demonstrate acceptance and avoid prejudging.

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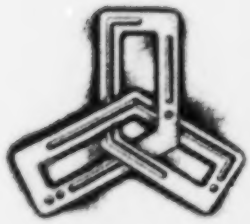

Working with Parents during Assessment

Issues to Be Considered in Assessing the Parent(s)

The nature of the relationship with the child.

Parents' strengths in terms of their ability to care for the child.

Parents' relationship with extended family caregiver and how kinship may affect this relationship.

Parents' motivation to work toward reunification.

Parents' capacity to comply with court and agency requirements, and to use services to facilitate measurable change.

Factors affecting the parent's capacity to care for the child (e.g., substance abuse problems, child maltreatment, domestic violence, marital problems, distrust, self-destructive behaviors, etc.), and the impact of these factors on the child and the extended family.

How Parents May Be Feeling During Assessment

Parents may be traumatized by what has happened, displaying a wide range of possible behaviors including apathy, listlessness, hostility, resistance, drug and alcohol problems, depression, loss of appetite, etc.

Parents may be experiencing tremendous grief and loss.

Parents may by overwhelmed with what has happened, and have difficulty getting their own needs met.

Parents may have intense anger toward the kinship caregiver, viewing kinship care as betrayal.

Parents may feel and be very emotional.

Parents may feel overwhelmed with guilt and feelings of inadequacy.

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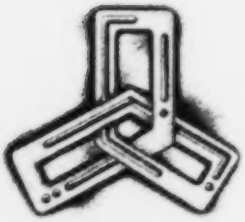

Ways to Develop the Relationship and Provide Initial Support to Parents

Be clear with parents about the reasons for placement, and what must change in order for the child to return to their care and custody.

Provide clear information to the family regarding court processes, legal rights, responsibilities, and expectations.

Involve parents, to the extent possible, in the entire process of arranging for and planning kinship care.

Use basic relationship building skills—offer empathy, recognize pain, provide direction, and demonstrate honesty.

Develop a plan for visits with the parents that provides the needed structure to ensure safety, but will allow for successful visiting.

Explore feelings related to kinship care and the relationship with the kinship caregiver. Help the parent deal with these feelings in a way that will not disrupt the child's kinship situation.

Support the relationship between the parent and the kinship caregiver, and provide mediation or help with problem-solving as needed. Focus on working in the child's best interest as a means to help resolve any conflicts.

Assure parents that they will be involved in decision-making processes for the child.

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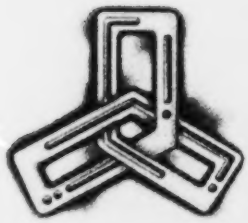
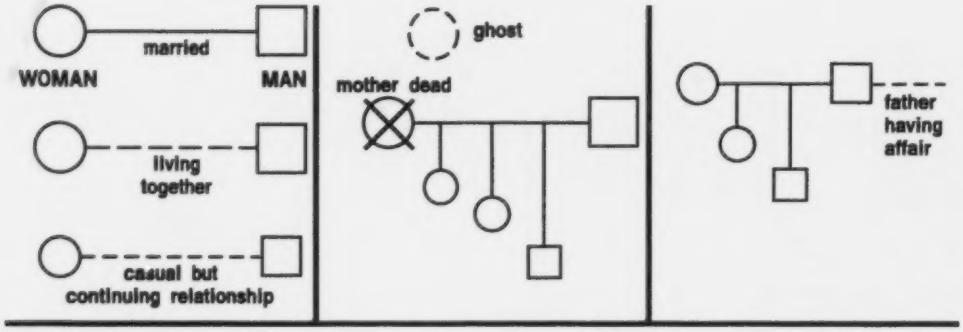
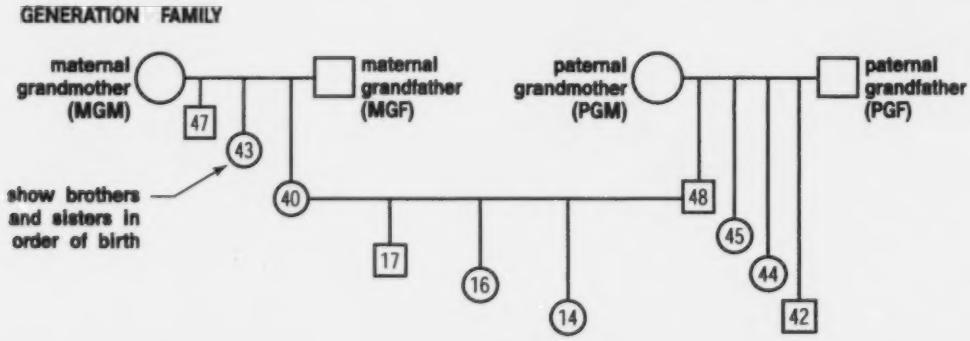
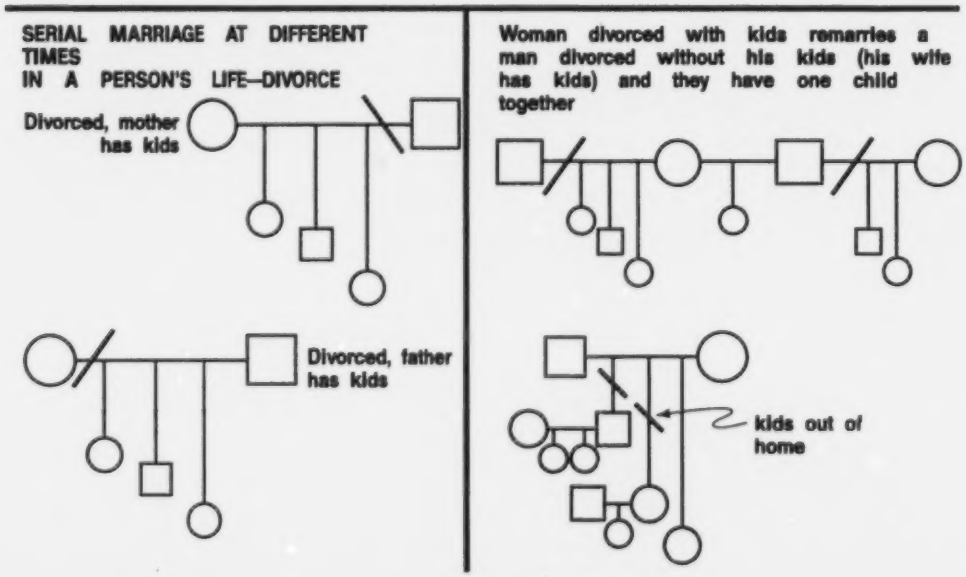


The Genogram






SERIAL MARRIAGE AT DIFFERENT TIMES
IN A PERSON'S LIFE—DIVORCE
Divorced, mother has kids
Divorced, father has kids
Woman divorced with kids remarries a man divorced without his kids (his wife has kids) and they have one child together
kids out of home

S. Jackson & A. Durham, *Intensive family services: A family preservation service delivery model.* (Baltimore: Maryland Department of Human Resources, Social Services Administration, Services to Families With Children, 1987).

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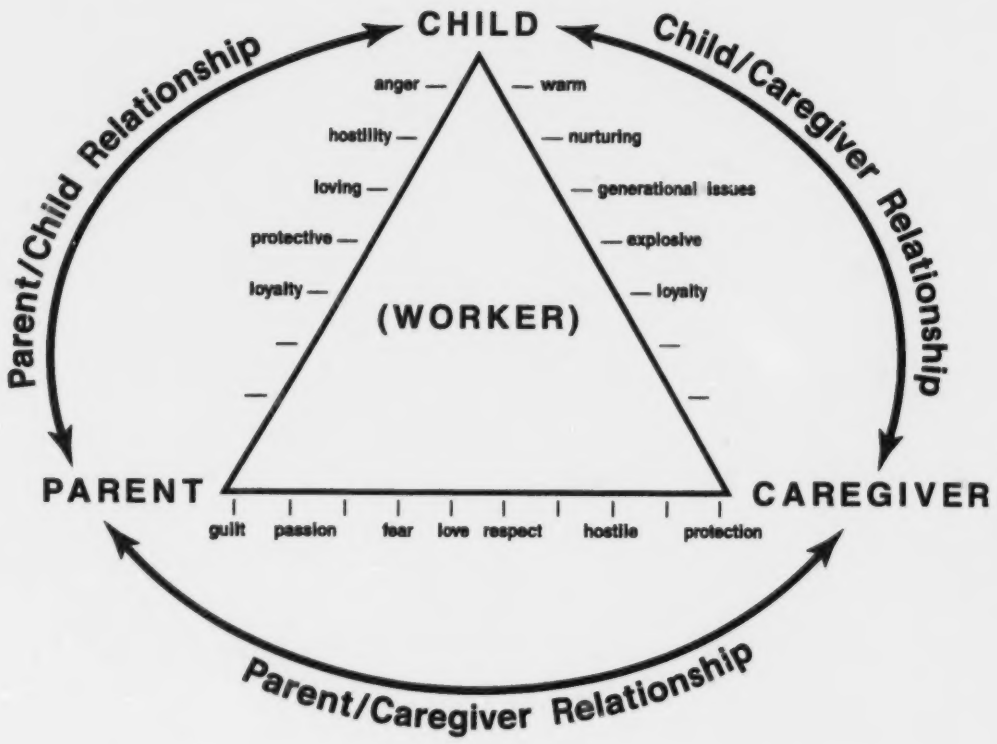
Module III

Resource III-4-b

Triad
Relationship Assessment



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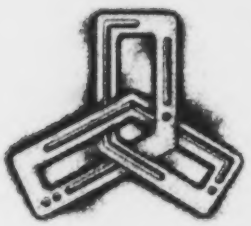


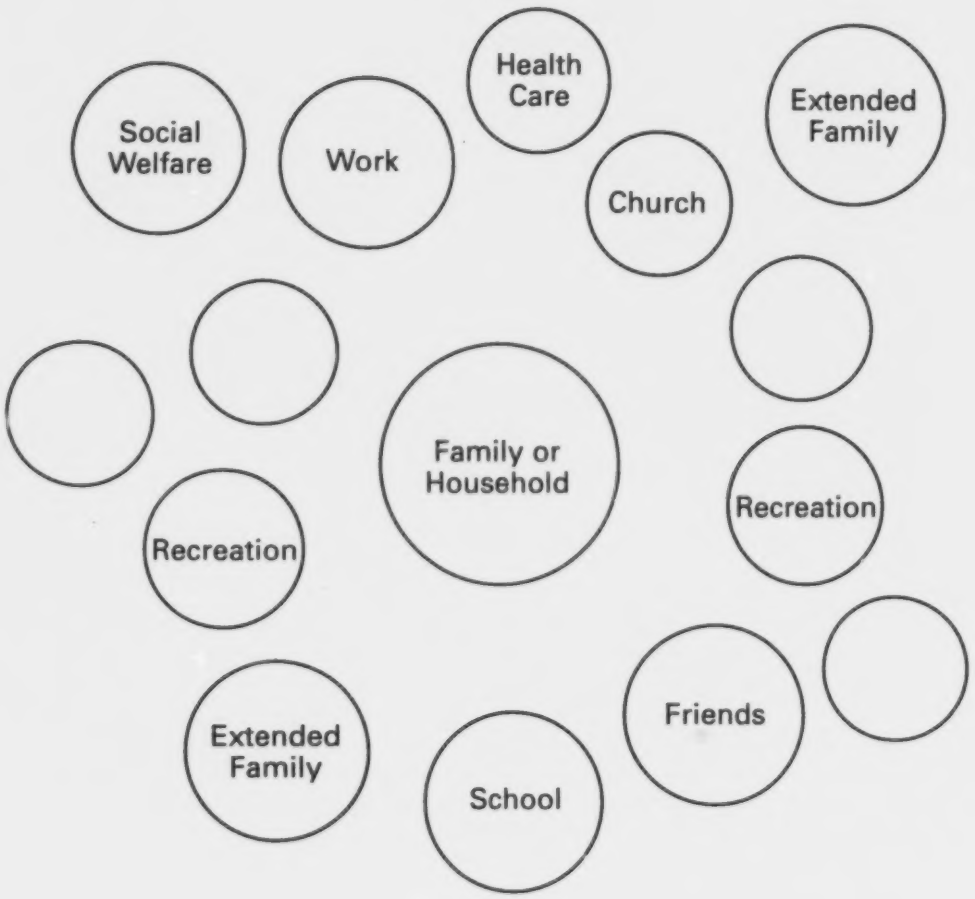
The Eco-Map

Name: _____

Date: _____

Module III

Resource III-4-c



Fill in connections where they exist. Indicate nature of connections with a descriptive word or by drawing different kinds of lines,

for strong: ————, for tenuous: ----------, for stressful: ////////////.

Draw arrows along lines to signify flow of energy, resources, etc.:→→→.

Identify significant people and fill in empty circles as needed.

Hartman, A. & Laird, J. *Family-centered social work practice.* (New York: The Free Press, 1983).

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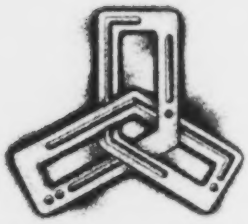

Module III

Resource III-4-d

Family Functioning

Family development issues.

How roles are identified and performed.

How needs are expressed and met.

Patterns and styles of communication.

Functionality of communication.

Problem solving.

Conflict management.

Family goals.

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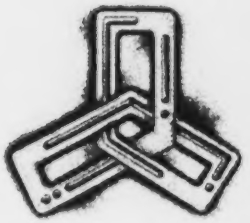

Assessing Strengths

Potential Sources of Personal Strength

Self-Respect:

Emanates out of social relationships.

Self-Esteem:

Belief in own goodness.

Self-Confidence:

Belief in own ability to do and understand.

Self-Knowledge:

Knowledge of one's strengths and limitations.

Potential Sources of System Strength

Resources:

Members of the family network with personal, financial, knowledge, and relationship resources.

Development/Transition:

Sources of change, growth, and development.

Life Cycle:

Location of individuals and of the family itself along developmental path.

Capacities/Skills/Talents:

The existing and potential human resources in the family system.

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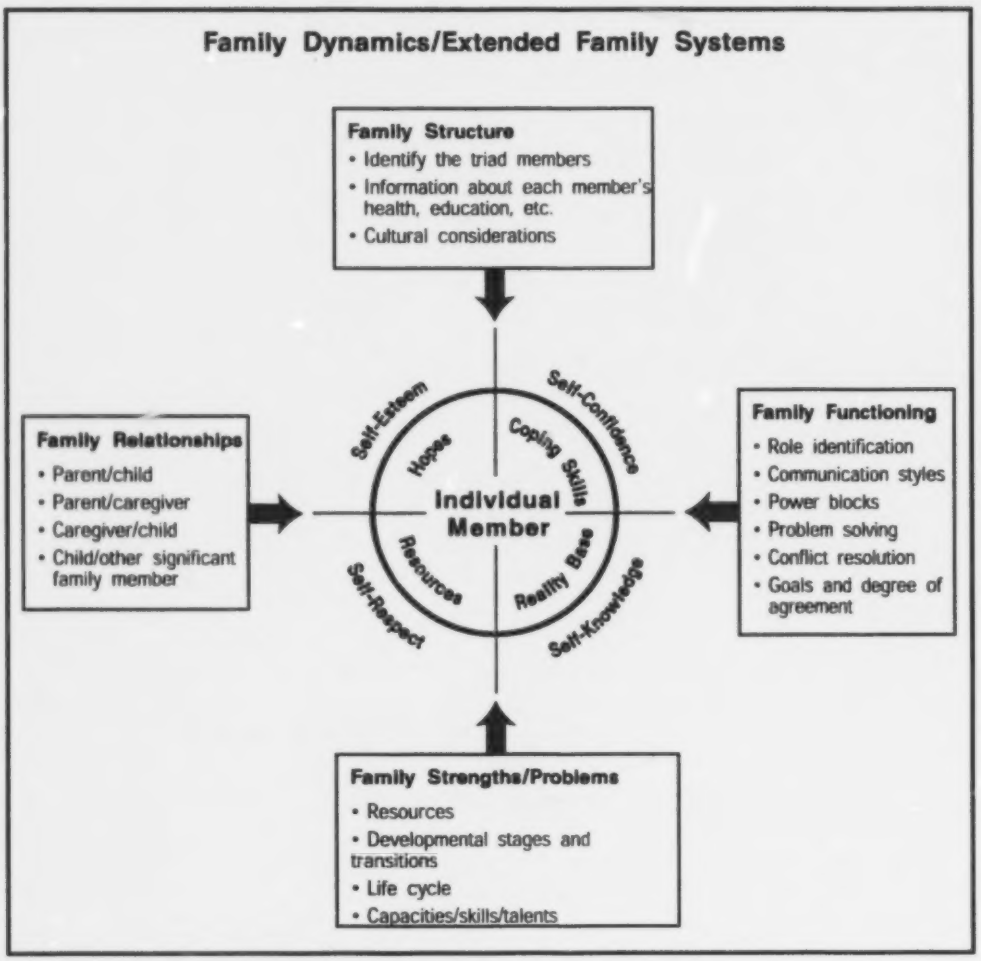
Comprehensive Family Assessment

Module III

Resource III-4-f



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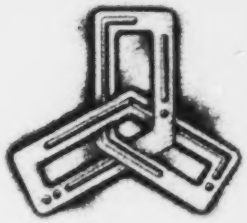

MODULE IV

THE EXTENDED FAMILY MEETING

Rationale **Workers must be able to facilitate a process with the kinship triad to ensure good communication, shared decision making, and a focus on meeting the child's needs.**

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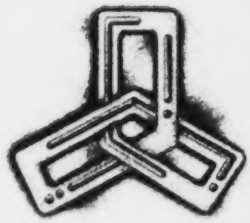

Session 1

Competency The worker is aware of the importance of extended family and knows the purpose of the Extended Family Meeting (EFM) process in the context of service delivery in kinship care.

Time 1 hour

Purpose To present a general overview of the purpose of the EFM, the place of the EFM in the kinship care service delivery process, and the general role of the worker in the EFM.

Objectives Through **Session 1** the worker will be able to:

- identify issues related to the importance of extended family as a resource to its own members
- describe the purpose of the EFM
- understand the relationship between the EFM and the kinship care service delivery process

Materials Name tent prepared with trainer's name and extended family roles on the front (aunt, mother, sister, daughter, etc.), and with a picture on the back depicting the last time the trainer's extended family got together

Flip chart and easel

Markers in several colors

Resource IV-1-a: **Module IV Competencies and Objectives**

Transparencies as needed by trainer

1. **Refer the group** to Resource IV-1-a: **Module IV Competencies and Objectives.** Review the competency and objectives for Session 1.

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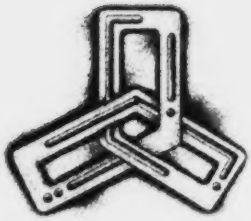

Module IV

The Extended Family Meeting

Session 1

As you can see, this module is very skill oriented. We will look at a process for working with the kinship family triad called the Extended Family Meeting (EFM). Learning to conduct and facilitate an Extended Family Meeting will take some time and practice, so we will be working on this module all day. Session 1 focuses on the importance of the EFM and its purpose in providing quality services in kinship care.

2. **Display your name tent,** describe what is on it, and encourage participants to make one.

> As you can, see I have made a name tent. Around my name I have identified all the different roles that I play in my extended family. I have identified the roles of _____, _____, and _____. On the back of the name tent, I drew a picture of the last time my extended family got together.

3. **Distribute heavy paper** and markers, and ask the participants to draw name tents. Instruct them to write their names and all the roles they play in their extended family on one side of the name tent. On the other side, ask them to draw a picture of the last time their extended family met.

4. **Ask each person** to describe briefly what he or she has written and drawn on the name tent. (If the group is very large, ask for volunteers to share and encourage people to look at the name tents during the break.)

5. **Note the number** and variety of roles, and comment about the differing situations and circumstances which brought families together.

> There is a richness in the roles and relationships that we share with our families. How families come together, what they share, how they celebrate or grieve, become very significant issues in our lives and in our memories. Some families come together only on special occasions, and others meet regularly—Sunday dinner, for example. Some may only see one another at funerals. There is a whole range of circumstances and differences just here within this room.

6. **Discuss how participants** differ in relating to their extended families.

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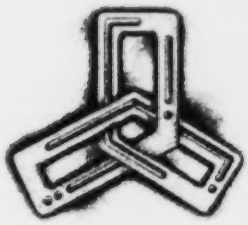

Each of us has our own unique relationship to our extended family. Whether extended family is a regular thread in the fabric of our lives, whether we see extended family primarily on special occasions, or whether we rarely, if ever, see them at all, it is impossible not to have a relationship with extended family. Although each relationship to extended family is unique, the fact that we have those relationships places us all on common ground.

7. **Point out** the complementary relationship of family roles.

The specific nature of our relationships to extended family creates in us a certain willingness and readiness to rally to the assistance of extended family in times of special need or crisis.

Look over the list of extended family roles on your name tent. For each role you have listed, there is a person in your extended family who stands in a complementary relationship to you. If you are a nephew, then you have an aunt or uncle. If you are a cousin, you have a cousin, or two, or 20 yourself. If you are an aunt, you may have nieces and nephews. Grandmothers have grandchildren. You get the picture.

8. **Discuss the participants'** willingness and readiness to assist their extended family by asking the questions below.

Take a minute and think through the members of your extended family who complement the roles on your name tent.

If they asked you for help, would you be willing to assist them? Or not?

Even if you were willing, would you be ready to help? Or not?

Could you provide money? Other resources? Time?

Could you be called on in a pinch?

Should they leave you alone entirely?

Are you eager to help some family members and resistant to helping others?

What makes the difference?

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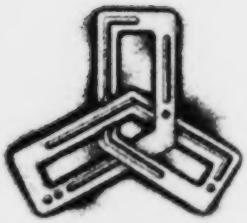

9. **Process the group's** responses to these questions and write them on the flip chart according to the instructions below. Do not evaluate or discuss the responses at great length.

10. **Draw a line** down the middle of the flip chart page. Write "Willing" at the top of one column, and "Ready" on the other. Divide each column in half, and write "supports" and "obstacles" for both.

Record participant responses that address willingness and readiness to help extended family. (Supports might include a particularly close relationship, past successful efforts to help, and belief in the other. Obstacles may include failed past attempts to help, family feuds, and beliefs that requests for help are insincere or would be a form of enabling.)

11. **Note that the point** of this discussion is to portray the variety of possible relationships in extended families, and to demonstrate how these relationships affect how willing and ready participants are to help or support family members.

> Through this discussion, it is quite obvious that people have all different types of relationships, and different reactions and feelings about helping family members. You can see how these feelings affect your willingness and readiness to help or support family members.

12. **Introduce the concept** and the purpose of the EFM.

> In the Extended Family Meeting, or EFM, process we will be working with the triad and their extended families to see how we might encourage extended family members to support the triad.
>
> The EFM is an important component of kinship care services. Convening a meeting of interested family members is a natural response of families in crisis. Families have traditionally come to the aid of family members in need of help. Problems may occur when a crisis comes to the attention of child protection agencies, requiring government and court intervention. Sometimes government intervention makes families feel powerless. We want to respond to this challenge by looking at a process that is similar to a natural family response: convening and conducting a meeting of interested family members. Empowering extended families to participate in case planning and decision making can reduce the

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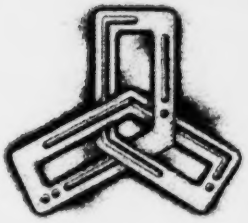

perceived intrusiveness of government intervention, and promote family involvement in service planning and responsibility for outcomes.

13. Provide background information about the use of family meetings and how this technique developed in New Zealand.

One well-known model for family meetings was developed in New Zealand. When child abuse or neglect is substantiated, New Zealand law requires that the child welfare agency must immediately call upon family members, including parents, close friends, clergy, neighbors, or tribal leaders in some cases. A coordinator convenes a meeting of extended family members and interested parties, along with the social worker and any other professionals involved in the case.

At the meeting, the child welfare professionals discuss with the extended family and friends their agency's issues and concerns, available resources, and some alternative solutions for the care of the children. After this, social workers and other involved professionals meet to discuss alternatives, while the extended family members also meet to develop a plan of action for the children.[1]

14. Discuss how the model for family meetings in kinship care differs from the New Zealand model.

The EFM we will be looking at in this model of service delivery differs in some significant ways from the New Zealand model. First, the EFM is not driven by the authority of the court. Instead, it relies in large part on the skill of the social worker, his or her relationship to the triad, the relationship of those in the triad to other members of the extended family, and whether members of the extended family are willing and ready to help the triad.

Second, in the EFM, other professionals are not involved. The social worker or supervisor (not an agency coordinator) facilitates the Extended Family Meeting.

This facilitation role begins within 30 days after placement and/or agency intervention.

15. Summarize this session and reiterate the purpose of the Extended Family Meeting in kinship care.

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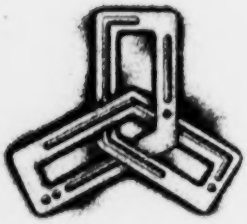

Module IV

The Extended Family Meeting

Session 1

This is the "big picture" of the EFM: it is a process involving the triad and the extended family, facilitated by the social worker or supervisor soon after placement or agency involvement. Its purpose is to elicit support for the triad from the extended family while kinship care services are being provided. During this module, we will learn more specifically about the EFM process and about the facilitator's role.

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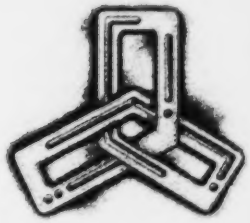

Session 2

Competency

The worker knows the significance of extended family support and understands how to address this with the triad to prepare for the EFM.

Time 1 hour 15 minutes

Purpose To emphasize the significance of extended family as a resource and to outline the steps involved in convening an Extended Family Meeting.

Objectives Through **Session 2** the worker will be able to:

- describe the helpful aspects of extended family involvement in their lives and the lives of others
- understand how one's own experiences with extended family may affect the ability to work effectively with the triad and the extended family
- list the tasks involved before convening an EFM
- explain the differences between the nuclear family perspective and the extended family perspective

Materials Flip chart and easel

Multicolored markers

Resource IV-1-a: **Module IV Competencies and Objectives**

Resource IV-2-a: **Extended Family: True or False**

Resource IV-2-b: **Before Convening the Extended Family Meeting**

Transparencies as needed by trainer

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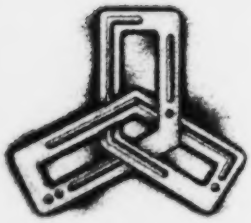

Module IV

The Extended Family Meeting

Session 2

1. **Refer participants** again to Resource IV-1-a: **Module IV Competencies and Objectives.** Review the competency and objectives for Session 2.

> We are continuing in Module IV by looking at the work that will need to be done to prepare for the Extended Family Meeting.

2. **Refer participants** to Resource IV-2-a: **Extended Family: True or False.**

> As you consider the work that must be done before the EFM, one important piece involves taking a look at personal attitudes and values, and how these might shape an approach to the EFM. In this activity we are going to look at our experiences and beliefs about extended family.
>
> Take a few minutes and read through the statements on this page. Next to each statement, circle T for true or F for false, as each statement applies to you.

3. **Ask participants** to pair up and share answers when they are done. Allow ten minutes to discuss their responses with one another, and remind them when two minutes remain.

4. **Process the activity** by asking participants to share what they learned from their discussions with one another.

5. **Summarize the discussion** and point out how life experiences impact our perspective.

> You have described a wide variety of relationships and experiences with giving and receiving help from extended families. These experiences appeared to range from independence to a strong interdependence upon the extended family.
>
> We all have our own perspectives about how families function when there are crises in the extended family. Our perspectives grow out of our experience and are not the result of analysis. Our perspectives reflect values and norms, as well as responses to situations and incidents in our history with family members.

6. **Discuss the differences** between the nuclear family perspective and the extended family perspective.

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A theme of independence characterizes the perspective of the nuclear family, which refers to parents and their children. The focus of emotional interaction is between spouses, between parents and children, and among siblings. A clear hierarchy is in place, headed by a parent or parents. Economically, the nuclear family expresses independence by supporting itself. The household is the center of family life.

An extended family perspective demonstrates interdependence. "Family" has a broader meaning, including not only blood relatives, but relatives through marriage as well as fictive kin. Emotional interaction in the extended family system is multigenerational. Economic interdependence typifies the extended family's economic perspective. The extended family is usually headed by a dominant family figure—frequently a matriarch or patriarch. Many locations are available for extended family events and activities, but "center stage" for the extended family is the household of the dominant family figure.

7. **Ask the participants** if they have any questions, concerns, comments, or thoughts about the contrasts between the nuclear family perspective and the extended family perspective.

8. **Introduce the use** of a continuum to consider these two perspectives.

It may be helpful to think of these perspectives as existing along a continuum, so that an individual's experience comes closer to one perspective or the other.

These two perspectives both have intrinsic value. Each is shaped by cultural, familial, and personal experiences. There is no right or wrong viewpoint. However, it is important to realize that your perspective might impact your work—especially when considering kinship care.

9. **Ask the participants** to identify where their own perspective lies along this continuum and how they think this may affect their work with the triad or their requests for assistance from extended family members. The discussion should reflect the following:

- participants with a nuclear family perspective may feel awkward addressing the subject with the parent and caregiver

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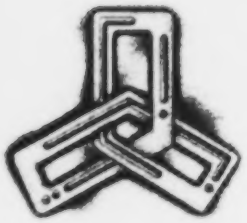

- they may feel that it is a failure to have to rely on others, and this sense of failure could be transmitted to the members of the triad
- participants with an extended family perspective may find that it is only natural to involve extended family, and to expect support
- they may find themselves getting angry or upset with families that do not want to provide support or be involved

10. **Introduce how** the Extended Family Meeting helps meet the child's needs.

It is important for us to approach the triad in ways that support their ability to involve extended family members as helpful resources. The EFM can be an invaluable addition to our service involvement with the triad, and the extended family perspective can help pave the way toward convening an EFM.

The EFM provides an opportunity to look at options about shared parenting. Concerns and goals related to child care can be discussed. The EFM may identify relatives who have provided child care in the past and feel a continued commitment to the child.

As a result of the EFM, extended family members may participate in case planning, in addition to providing a variety of supportive goods and services.

11. **Refer participants** to Resource IV-2-b: **Before Convening the Extended Family Meeting** and review.

This resource describes three major tasks to be completed before holding an Extended Family Meeting—permission, preparation, and planning.

12. **Explain** what is meant by "permission."

Permission consists of introducing the idea of an extended meeting to the child's parent and to the kinship caregiver, explaining the rationale for an EFM, and asking for their permission to plan for an EFM.

13. **Ask participants** how they might motivate the kinship family triad to participate in an Extended Family Meeting.

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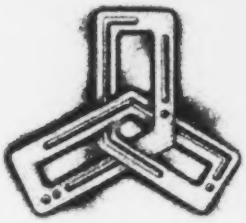

Ensure that the following points are covered:

- emphasize a belief that the child's needs can best be met within the family
- discuss the importance of developing all the possible resources and supports within the family to ensure that the child's needs are met
- be patient; if the family is not receptive at first, continue to introduce the idea
- if one member of the triad is receptive, enlist support in proposing the idea to other family members
- meet jointly with members of the triad, if this might help enlist support

14. **Present the preparation** phase of the Extended Family Meeting.

Preparation for the EFM should begin as soon as possible, once the plan to deliver kinship care services is made and permission has been obtained from the relevant parties in the triad.

It is important to determine who should be invited to the EFM. Since family systems have a long history of interrelationship, some family members may be more welcome than others. Each member of the triad needs to be engaged from his/her own perspective along the continuum we discussed earlier. Some questions can be used to help identify interested family members who may be invited to attend the EFM. These include:

- how strong are family relationships?
- to what extent do family members assist one another?
- what is the relationship between financially secure family members and those who are not as well-off?
- how close are family members to the children in question?
- who has been helping the parent or caregiver with the child prior to agency intervention?
- which relatives would want to be involved if they knew what was going on?
- who gets together at holidays and family celebrations, reunions, or funerals?
- are the children named after other relatives?

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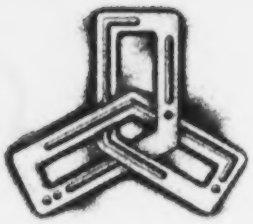

- are there godparents?
- which relatives have been successful in raising their children?
- who has strengths, skills, resources, or training which might be of help?
- are there friends of the family or "fictive kin" who may want to help in some way?

Here, once again, you can use a genogram to picture the family over time, and gain insight about family structure and resources. Some people may have a relationship but may not be currently involved because they live far away.

15. **Present the planning** phase of the Extended Family Meeting.

Once everyone has agreed to hold the EFM, and it has been decided who will attend, you will want to make plans with the family regarding how the meeting will be set up.

Location

Consider the implications of where the meeting will take place. The agency provides a neutral, more formal setting, and perhaps offers the most privacy. However, the agency setting is generally not very warm, and the formal setting may not be conducive to what you are trying to achieve with the family. A neutral setting such as a church or community center may set a warmer tone. You may consider having the meeting at the location where most family events take place—or where an informal family meeting would be most likely to occur were the agency not involved. However, if this is in a family member's home you need to consider the drawbacks—lack of privacy, or potential negative reactions from some family members.

Date and time

The date and time must also be established. In general, the sooner the meeting can take place, the better. But make sure haste does not keep some important family members from attending.

Draft agenda

It may be helpful to draft an agenda. Remember that the meeting will belong to the family, so your agenda will be only a draft. But

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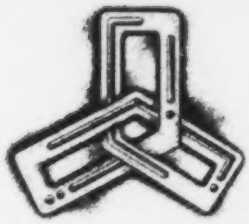

it will provide a good starting point for the actual meeting, and you will be able to present the draft agenda as you invite the participants.

How participants are invited

Direct phone contact is the best method so that you can provide a good explanation of the EFM, tell them why their participation is important, answer questions, and discuss the draft agenda.

16. Ask the participants for questions, comments, concerns, or thoughts. Summarize the session and bring it to a close.

We are building a picture of the EFM process. It is a very important tool within the larger context of service delivery in kinship care. It builds on the interdependent/extended family perspective. Before an EFM is convened, three sets of tasks must be completed: permission, preparation, and planning. In our next session we will look closely at the facilitator's role in the EFM.

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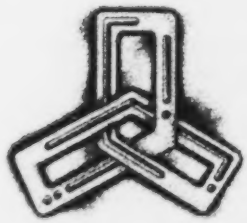

Session 3

Competency

The worker knows how to apply information about EFM permission and preparation to a case scenario involving a kinship care triad in need of extended family support.

Time 1 hour 30 minutes

Purpose To apply knowledge about permission and preparation to a case scenario in order to demonstrate the practical application of these steps in the EFM process.

Objectives Through **Session 3** the worker will be able to:

- develop a genogram of a family using kinship care services
- demonstrate the step process of obtaining permission for an EFM from clients
- demonstrate preparation skills in an EFM case scenario

Materials Flip chart and easel

Multicolored markers

Resource IV-1-a: **Module IV Competencies and Objectives**

Resource IV-3-a: **The Case of Ms. E.**

1. Refer participants to Resource IV-1-a: **Module IV Competencies and Objectives,** and review the competency and objectives for Session 3.

In this session, we will continue to explore how to gain permission and to prepare for an Extended Family Meeting. We will apply what we have been learning to a case scenario.

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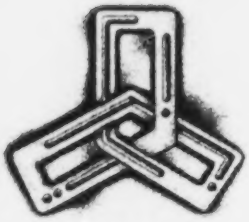

2. **Refer participants** to Resource IV-3-a: **The Case of Ms. E.,** and ask them to read it.

> Take a few minutes and read through the case of Ms. E. Imagine that you are the worker in this case. As you familiarize yourself with this case, think about how you would approach the permission segment of convening the EFM. Also think about who you might want to invite to the EFM.

3. **Ask for two volunteers** to play the part of the worker and another to play the part of Ms. E. for the permission piece. Explain that with two volunteers playing the worker, they are free to switch off when they feel "stuck" and they can assist one another. Note that this manner of role playing may be more comfortable for them.

4. **Review the permission** section of Resource IV-2-b: **Before Convening the Extended Family Meeting.**

> The "workers" will meet with Ms. E. to introduce the idea of the Extended Family Meeting. The worker needs to explain the process briefly and discuss how this will be helpful to the child, before asking permission to convene the meeting.

5. **Conduct the role play.** Arrange seating and designate which "worker" will be starting. Remind the workers to switch off whenever they feel stuck or need help. During the role play, ask the workers to switch every few minutes if they do not do so on their own. Instruct the remaining participants to watch and to determine if the steps were followed, and how Ms. E. seemed to respond to the worker's approach.

6. **Thank the role players** and process the role play. First, ask the person in the client role what it was like being interviewed by the "worker." Ask the "worker" about his or her experience in the role. Ask the observers what they noticed. Consider whether the steps of the permission segment of the EFM were followed; how they saw the "client" respond; and whether or not it looked as if the worker demonstrated an appreciation of the interdependent/extended family perspective. Note the decision that was made about contacting/not contacting the children's mother.

7. **Refer the participants** once again to Resource IV-2-b: **Before Convening the Extended Family Meeting,** and review the material from the "preparation" segment.

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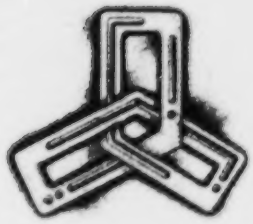

The most important goal in the preparation segment is to determine the interested parties. Once that is done, a plan needs to be developed to contact the extended family members, to confirm a date, and to get confirmation.

8. **Conduct** the role play.

Ask for two more volunteers to role play the worker in the "preparation" process. Explain that, as in the last role play, they may switch off with one another. The same client may continue.

Explain that the purpose of the role play is to explore how to work with a family to identify the potential participants.

Tell the volunteers they may want to refer to the list of questions on Resource IV-2-b: **Before Convening the Extended Family Meeting.**

Remind the group to observe whether the steps of the preparation phase were followed, how the client responded, if possible interested parties were identified, and if a plan was made for contacting participants and for confirming their attendance at the EFM.

9. **Process the role play.** Ask Ms. E. how she felt about the process. Ask the two workers how they felt about the process. Ask the observers to evaluate whether or not the steps were followed and the tasks for "preparing" were completed.

10. **Summarize and close** the session.

In this session we have seen good demonstrations of the "permission" and "preparation" segments in action. When the worker approaches the client from an interdependent/extended family perspective, this normalizes turning to the extended family for assistance and helps the client participate in the process of convening an EFM.

This brings us to the most exciting and dynamic piece of convening the EFM—facilitation. In the next session, we will look more closely at the worker's role as facilitator of the EFM.

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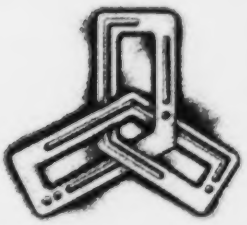

Session 4

Competency

The worker understands the role of EFM facilitator.

Time 1 hour 15 minutes

Purpose To identify and describe the role of facilitator during an Extended Family Meeting.

Objectives Through **Session 4** the worker will be able to:

- define facilitation
- list the basic values and assumptions underlying EFM facilitation
- identify the characteristics and role of the EFM facilitator
- define the EFM process
- describe how facilitation affects the EFM process

Materials Flip chart and easel

Multicolored markers

Resource IV-1-a: **Module IV Competencies and Objectives**

Resource IV-4-a: **A Look at Facilitation**

Resource IV-4-b: **Process Goals for the Extended Family Meeting**

Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting**

Transparencies as determined by the trainer

8 flip chart pages, each with one of the process goals written at the top. (Refer to Resource IV-4-b for the list

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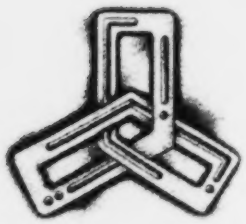

of process goals.) Hang each page on the wall with a blank page beside it and two markers. Allow sufficient work space for participants to write on the pages.

1. **Refer participants** to Resource IV-1-a: **Module IV Competencies and Objectives,** and review the competency and objectives for Session 4.

In Session 4 we will be looking more closely at the role of the facilitator in conducting the Extended Family Meeting.

2. **Introduce the facilitation** segment of the EFM.

So far we have discussed the preparation and planning work for the EFM. Hopefully this work will pay off when it is time to convene the meeting. In this session we will look at the steps in convening the EFM and the role of the facilitator in accomplishing the steps. The EFM can be exciting and dynamic as it pulls together the strengths and the history of family members. Although the initial thought of meeting may have originated with the worker, it is basically the family's meeting, facilitated by the worker.

A facilitator attends to process—the "how" of the group's movement toward its goals. The best facilitators have some understanding of group process, a clear understanding of the goals of the meeting, and the ability to monitor and guide the group's dynamics toward accomplishing the group's goals. It sounds like a tall order, but it may be easier if we approach the facilitator role step by step.

3. **Refer participants** to Resource IV-4-a: **A Look at Facilitation** and review the definitions. Ask if there are any questions about the definitions.

In general, facilitation means monitoring and guiding the group's process toward accomplishing its goals.

In the Extended Family Meeting, the facilitator is someone who is intervening to help family members make decisions on behalf of the child receiving kinship care services through the child welfare system. The facilitator needs to be someone with limited decision-making authority, and, as discussed in "permission," is someone with whom the family has agreed to meet. The role of the facilitator in the meeting is to help the family decide whether and how

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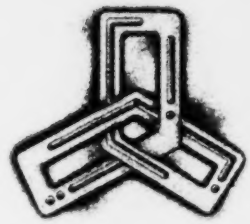

they may be able to support the triad during the period that child welfare services are needed.

4. **Refer the participants** to Resource IV-4-b: **Process Goals for the Extended Family Meeting** and review the information with the group.

Throughout the entire Extended Family Meeting there are goals that underlie the process. These can be referred to as "process goals." They differ from what may be thought of as outcome goals—or what you want to achieve from completing the entire process—in that their purpose is to help guide and direct the process. These process goals for the EFM flow out of basic values and assumptions about families, and how they can best work together to solve their problem.

The family shares information in a way that other family members can understand.

The facilitator wants to help individuals to communicate clearly with one another. This might prompt the facilitator to stop the process and ask for clarification, or ask the other family members if they understand what one person is saying.

The family shares information in a way that does not lead to judgments.

Family members may begin to offer judgments of one another. The facilitator wants to encourage individuals to share needed information, but to steer away from making judgments about that information.

The family understands the process of extended family decision making rooted in consensus.

The facilitator wants to move family members toward making decisions with which they all can live. A rule of thumb is that family members need to be able to say, "I can live with that."

The family understands the legitimate power base and constraints imposed by mandates or persons in authority.

Throughout the EFM process the facilitator may need to educate the family about the role of the agency, the legal implications, and

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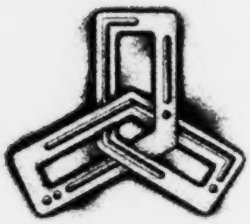

what decisions the family does and does not have the power to make. By being clear about this, the family can focus on areas in which they can provide the most help.

The family wants to alleviate the crisis leading to or precipitated by kinship care service involvement with the child welfare system.

The facilitator needs to tap into the family's desire to make the situation better. Even families who present as resistant or uncooperative are generally still struggling with how to make things better. They may be defensive, or may resent agency involvement, but it is still likely that the facilitator can join with them around meeting the needs of the child and alleviating the family crisis.

The family defines its own objectives and means of accomplishing them.

It may be tempting for the facilitator to identify how the family members can support the kinship triad, but the point of the EFM is for the family to make these decisions and be able to commit to them.

Self-determination is supported to the fullest extent possible.

No participant in the EFM should be coerced or manipulated into any type of decision. As we have already stated, the agency may have certain mandates, and specific decisions may not be the family's to make. But beyond these constraints, the opinions, feelings, and decisions of the family members must be respected.

The family is responsible for itself.

While the facilitator is there to guide and direct a process, the family is responsible for itself, and needs to be held accountable for taking care of its own problems and making its own decisions. The facilitator may need to convey an expectation that the family can and should take responsibility for solving its problems.

5. **Conduct an activity** to help participants learn to use the eight goals to guide the process of the Extended Family Meeting. Ensure that the flip chart pages are hanging on the wall. For each of the

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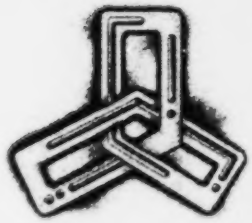

eight goals, there needs to be a page with the process goal written on it, a blank page beside it (for overflow), and two markers.

Tell participants that this activity is designed to help them identify things the facilitator can say to reflect awareness of the process goals.

Ask participants to work in pairs to identify, for each of the process goals, something that the facilitator could say or do during the Extended Family Meeting that would demonstrate attention to that goal.

Explain that they will record their ideas on the flip chart pages hanging on the walls. Note that there are two pages at each goal "station" and two markers.

Tell the pairs to move to the flip charts and begin working. Tell them they may start with any of the goals, but the challenge will be to come up with something different (not already recorded on the flip chart) as the activity progresses.

As the activity proceeds, hang additional flip chart pages if needed, and work to keep the pairs moving. If there are too many pairs waiting in line at the stations, hang additional pages and distribute additional markers.

6. **If the pairs have difficulty** getting started, assist them by providing examples or helping them develop ideas.

Possible responses include:

The family shares information in a way that other family members can understand.

"Let's slow down a minute."

"Could you repeat that, Mrs. M.?"

"Do all of you understand what she means when she says that?"

The family shares information in a way that does not lead to judgments.

"I don't think that talking about Mr. C. in this way is going to help us to help the children."

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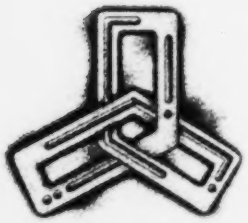

"What you're saying is important, when we think about the impact Ms. C.'s behavior has had on the children."

"Let's remember the purpose of this meeting."

The family understands the process of extended family decision making rooted in consensus.

"Let's hear how everyone in the family feels about this."

"Mrs. E., what would make this plan something that you could live with even if you didn't agree with everything?"

"Let's work toward a plan that everyone can live with."

The family understands the legitimate power base and constraints imposed by mandates or persons in authority.

"I want to remind you that while you may all have strong feelings about the judge allowing visitation between Janie and her father, that is not your decision to make. Perhaps we do need to talk about how to help Janie during this time."

"There are certain expectations that the agency has for families taking care of relative children. I want to explain those to you."

"I want to explain to you what may happen in court."

The family wants to alleviate the crisis leading to or precipitated by kinship care service involvement with the child welfare system.

"I understand you are frustrated that the agency is involved, but I think we all really do want the same thing. We want what is best for these children."

"Let's all be determined today to work together and get through this crisis."

"Just by being here you've shown a commitment to make things better in your family."

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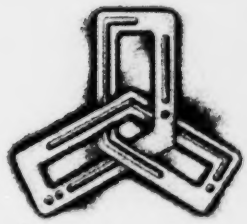

The family defines its own objectives and means of accomplishing them.

"What do you folks want to see happen?"

"How will you be able to make that happen?"

"How do each of you see this working out?"

Self-determination is supported to the fullest extent possible.

"If Mr. X. is not comfortable doing that, we need to respect his decision."

"I really feel that you need to _____, but you certainly have the right to make your own family decision about this."

"I want to make sure that everyone is comfortable with what we've done today."

The family is responsible for itself.

"You are the expert on your own family and you are best equipped to handle your own problems."

"I can't make that decision for your family. You have to make that decision."

"You can solve your problems. You've done it in the past, and you'll do it again."

7. **Summarize the responses** by reading one or two for each goal.

From this activity, you can see that there are many different ways that the facilitator may be guided by the process goals. Remember that process goals are just that—goals that guide the process. They are relevant regardless of the phase of work in which they are engaged or the specific task that is at hand.

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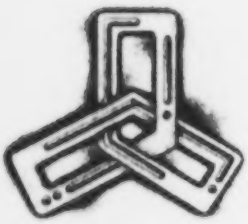

8. **Conduct a brainstorming exercise** about the meaning of the word "process" and record participant responses as they are given. When the group is almost done, press them for one more idea.

> We have been talking a lot about the word "process." Let's stop for a minute before we go any further and think about this word. The word "process" is frequently misunderstood. Think about what the word means to you. Go ahead and call out your ideas. I'll write down what you say and try to keep up with you. Let's try to get as many ideas as we can.

9. **Review the list,** and point out commonalties. Summarize the ideas presented by trying to find within the group's responses the notion that process is a dynamic flow of interaction with a beginning, middle, and end.

> These responses point to the fact that process is a dynamic flow of interaction. Process is not instantaneous—there is a sense that it is something that happens over time. As such, we can then predict that within the process there will be a beginning, middle, and end, and that the phase of the process will help define what occurs at that point.

10. **Use the brainstorming activity** as an example of a process with a beginning, middle, and end.

> For example, even in this brainstorming "process" that we are engaged in right now, there is a beginning, middle, and end. In the beginning, I provided direction about the activity and explained its purpose. In the middle, you took the lead and began to add your contributions. I tended to intervene only to clarify a point, to press you to identify more, or to give you encouragement. If you had gotten off the task, I would have steered you back.
>
> This is the end of the brainstorming process. I have tried to summarize your responses, ensure that you understood and learned from the activity, and I also want to credit you for the work you did. These are typical tasks of an ending phase.

11. **Make the point** that an Extended Family Meeting is a process with a beginning, middle, and end.

> The Extended Family Meeting is also a process with a beginning, middle, and end. The phase of the process will define the work to

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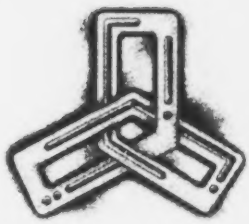

be done and the role of the facilitator. There will even be some similarities between the facilitator's role in an EFM and the role I assumed as facilitator during the brainstorming activity.

12. Refer the participants to Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting.**

If we think of a process as a dynamic exchange which has a beginning, a middle, and an end, the EFM fits the description to a "T". The family and the facilitator have different functions and tasks at each phase of the EFM. This resource identifies important steps along the way. I want to review the EFM process with you step by step, from the beginning, through the middle, and on to the end. Don't try to take all this information in right now. We'll return to it in our next session. Try and get a general mental picture of the **process** of the EFM.

13. Present the tasks of the beginning phase of the Extended Family Meeting.

The meeting begins with introductions. Almost everybody knows everyone else, except the facilitator. It's best to greet people at the door as they arrive, making personal introductions.

The meeting can begin with a more formal introduction and welcome to the participants. The facilitator clearly states the purposes of the meeting in simple terms: to find additional sources of support for the children and their caregiver, and to review or consider permanent options for their care.

Next, the facilitator will ensure agreement or commitment to the goal, continuing to focus on the child's well-being as a means to help build agreement.

He or she will remind the family that it is their meeting, clarify that the facilitator's job is to help people stay on task, present needed information, and explain terms:

- legal options for the children, such as adoption or guardianship
- types of financial assistance which can be made available (AFDC, Subsidized Adoption, Foster Care, SSI, etc.)
- the agency's role, decisions made to this point, and how the agency wishes to work with the family

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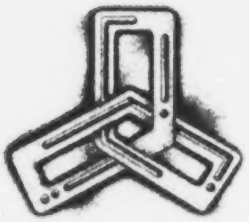

Module IV

The Extended Family Meeting

Session 4

14. Present the tasks of the middle phase of the Extended Family Meeting.

During the middle phase, the facilitator is less active and must turn the work over to the family members. The facilitator's role is to make sure the family stays on task by refocusing the group when needed, steering discussion back to the topic, and reminding the group of what needs to be accomplished. If the family relies too heavily on the facilitator, the facilitator can remind the family that it is their meeting and clarify that the facilitator's role is only to assist.

The facilitator sets the stage for the family members to do their work. All family members are invited to discuss their perception of the problems, possible solutions, and hopes and goals for the children. In most situations the family will conduct its own problem solving and interventions.

The facilitator can make observations:

- what is the family hierarchy? who does the group recognize as the authority?
- observe the seating arrangement for any significant clues about alliances and leadership
- what are the family's own values, norms, taboos, rules, roles, and boundaries which seem to shape the interaction?
- who leads/follows/rebels?

If you need to intervene, do so cautiously and consciously. Begin by describing your observations. Who did and said what, when, and how? Test out inferences by making them easy for people to reject. For example, you could say, "I had this idea that might not make any sense at all. . . ." Or, "This sounds a little crazy even to me, but I was wondering. . . ." As long as the group is struggling with its task and moving—even inching—toward its goals, you're probably better off letting the family do the work.

If the group bogs down or seems done, you could ask them to assess where they are in their work, and to clarify what might need further discussion.

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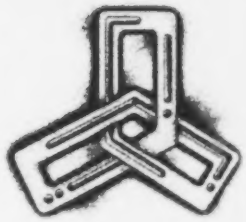

15. **Present the ending tasks** of the Extended Family Meeting.

    At the end, review decisions and commitments made by the family members. A service agreement may be developed, or decisions may remain on a "handshake" basis. Review action plans and next steps, including planning a future meeting and establishing an agenda, if necessary. Thank people for being there and for their commitment to the child's well-being. Ensure that the meeting closes with a positive focus on the child and a call for everyone to work toward meeting the child's needs.

16. **Ask the group for comments,** concerns, questions, or thoughts about the EFM process.

17. **Inform the group** that the next session will consist of a review of the extended family meeting process and an opportunity to practice facilitation.

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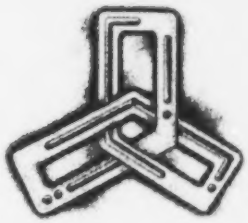

Session 5

Competency

The worker knows how to facilitate an Extended Family Meeting through each step of the process.

Time 1 hour

Purpose The worker can identify and describe how knowledge about facilitation and the EFM process applies to his or her role of facilitating an EFM.

Objectives Through **Session 5** the worker will be able to:

- explain how to apply knowledge about basic facilitation and the EFM process to the role of facilitating an EFM

Materials Flip chart and easel

Markers in several colors

Prepared name tent with name and favorite activity drawn on front; on the back draw a picture of the first time you tried your favorite activity

Art materials: flip chart pages, markers, construction paper, glue or tape, ribbon or yarn, etc.

Resource IV-1-a: **Module IV Competencies and Objectives**

Resource IV-2-b: **Before Convening the Extended Family Meeting**

Resource IV-4-a: **A Look at Facilitation**

Resource IV-4-b: **Process Goals for the Extended Family Meeting**

Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting**

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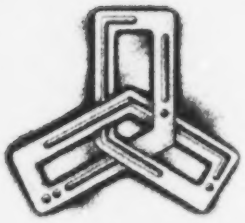

Module IV

The Extended Family Meeting

Session 5

1. Refer to Resource IV-1-a: **Module IV Competencies and Objectives.** Review the competency and objectives for Session 5.

> We are continuing, in this module, to learn about how to conduct the Extended Family Meeting. Previously we looked at permission, preparation, and planning for the meeting, as well as process goals and the tasks for each of the meeting stages. Now we are going to be thinking about the facilitator's role, and how we can use the knowledge and information that we have learned about the Extended Family Meeting.

2. Ask participants to make a name tent and draw a picture on it depicting a hobby, sport, or something they feel very competent doing. Show and describe your name tent.

> I want you to take a minute and think about one of your favorite activities or hobbies. This should be something you feel very competent doing. When you have a picture of your activity, sport, or hobby, draw a picture of it and write your name on the front of your name tent, as I have done here.

3. After participants have completed their drawing, ask them to think of the first time they attempted to accomplish the task (or sport, or hobby). Display the reverse side of your name tent and describe. Ask participants to draw a picture, on the back of their name tents, depicting their first attempt.

> Now that you have finished your drawing, take another minute or two, and think back to the first time you ever tried the activity, sport, or hobby at which you now feel so confident. Draw a picture of your first attempt on the back of your name tent, as I have done.

4. Ask for volunteers to describe what they have drawn.

5. Summarize this activity by discussing how practice, repetition, and experience play a critical role in the development of competence.

> It is easy to see that some of the very things we love to do and have become very competent or proficient at doing were once things which felt awkward, or which we performed poorly. Over time, through practice and repetition, we build experience and

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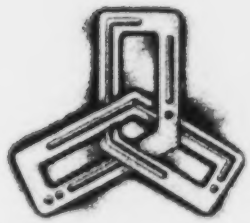

skill. We experience competence when we no longer have to remind ourselves about the fundamentals of what we are doing.

At the skilled level of performing enjoyable activities and tasks, we necessarily forget about the fundamentals, and simply perform. The fundamentals are not forgotten, really, but they have become a part of us, of our performance, so that they seem like second nature.

Later we will role play an Extended Family Meeting, and that may be a combination of work and fun. To help each of us prepare for facilitation, it will help to briefly review the elements of facilitation and the EFM process.

6. **Begin a small group activity** to give participants an opportunity to review the information they have learned about the EFM and apply this to their role as facilitator.

Explain that this activity will give participants an opportunity to think further about the information they have learned about the Extended Family Meeting and how they will use this knowledge to fulfill their facilitating role.

Divide participants into four groups, and direct each group to a work space that includes several pages of flip chart paper, some construction paper, markers, tape or glue, and ribbon or yarn. Include other materials if possible.

Refer one group to Resource IV-2-b: **Before Convening the Extended Family Meeting,** one group to Resource IV-4-a: **A Look at Facilitation,** a third group to Resource IV-4-b: **Process Goals for the Extended Family Meeting,** and the last group to Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting.**

7. **Direct** the group activity.

In this activity, your group will depict graphically and/or dramatically the information contained on the resource that you have been assigned. You may use words, pictures, charts, maps, stories, plays, or any medium you choose to portray the material on your resource, and what this material might mean to someone trying to facilitate an EFM.

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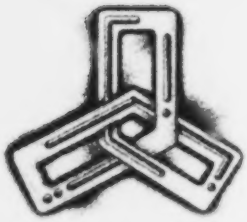

You will present your work to the whole group when you are done. Use your imagination and creativity as you think about the facilitator's role, and how the information on the resource could help the facilitator fulfill that role. You will have only five or six minutes for your presentation.

You have 20 minutes to prepare, so get started right away.

> **Note:** The trainer may need to visit each group and assist them in getting started. Groups may do a verbal presentation but outline their work on a flip chart; groups may make a drawing to represent what is on the resource; groups may act out a part of the resource; or groups may choose to draw a portion and report on a portion.

8. **Process** the activity.

Ask each group to present its material. Before they begin, refer participants to the appropriate resource. Lead the observers in applause after each presentation.

After each presentation, highlight major elements. Note any major points on the resource that the group might not have highlighted.

Thank each group for its work and note that you will keep any posters or art work on display as reminders of the important information they depict.

9. **Thank all the groups** and ask for questions, comments, concerns, or thoughts about facilitation of the EFM.

10. **Briefly summarize** the session.

> Whenever we begin to master anything new, we need to begin at the beginning. Our review has allowed us to look in new ways at the cognitive—or knowledge—components of the EFM. Having a model clearly in mind helps when we transfer our learning into practice.

11. **Transition to the role play** that will take place during the next session.

> One of the best ways we can transfer our learning into practice is through role play. In the next session, that is what we will be

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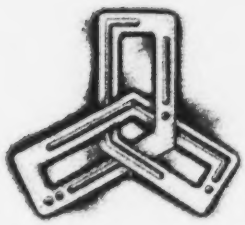

doing. Hopefully the activity we just completed has provided a good review of the information presented so far about the EFM and the role of the facilitator.

Role play is a fun way to experiment with new behaviors and with the application of knowledge to work-like situations in a safe way. The picture on the back of your name tent is there to remind you that you can master difficult tasks and learn new skills. Through review and fun exercises, we can build knowledge and skills about facilitating the Extended Family Meeting.

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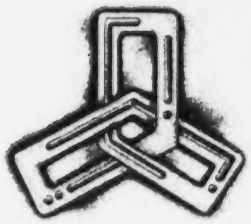

Session 6

Competency

The worker can assess and facilitate a role play of an Extended Family Meeting through each step of the process.

Time 2 hours 30 minutes

Purpose The worker can demonstrate the application of knowledge about facilitation and the EFM process within a realistic, work-like role play of an EFM.

Objectives Through **Session 6** the worker will be able to:

- demonstrate the facilitation of a real-time, work-like role play of an Extended Family Meeting
- assess a real-time role play of a work-like situation to determine if the EFM process was followed
- assess the application of core values and assumptions guiding EFM facilitation

Materials

Resource IV-1-a: **Module IV Competencies and Objectives**

Resource IV-6-a: **Role Play**

Resource IV-4-b: **Process Goals for the Extended Family Meeting**

Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting**

Flip chart and easel

Markers

Video camera, tripod, tape, VCR, and monitor

Name necklaces or name tags with the names of the family members in the role play: Ms. E., Jim, Ann, Missy, Chester, Dean, Evelyn, and Mary

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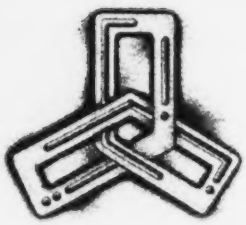

Module IV

The Extended Family Meeting

Session 6

> **Note:** Role plays are sometimes difficult to direct and use in the training setting. Trainers may have their own style for directing the role play. The goal is to involve as many participants as possible and to lower the anxiety so that it does not interfere with learning. In this session the role play is broken into three parts with opportunity to assess as well as change roles. Some trainers may choose to direct the entire role play, and process at the end. Trainers may wish to videotape the role play. Reviewing the tape with participants at the end of the role play provides an excellent learning opportunity. But if a video camera is not available, or if videotaping would further raise anxiety, adequate processing can be done without it. If videotaping is not used, it is important to follow the curriculum and break the role play into three segments.

1. **Refer participants** to Resource IV-1-a: **Module IV Competencies and Objectives.** Review the competency and objectives for Session 6.

   In this session we will put together all the information we have been learning about the EFM and explore how to translate knowledge into action.

   This session will be a role play in which some participants will apply and practice their facilitating skills, and others will learn through observation and assessment.

2. **Introduce the role play.** Refer participants to Resource IV-6-a: **Role Play** and back to Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting.**

   The best way to learn is through practice and observation. The role play gives us an opportunity for both. As you know from the previous role plays we did, this can be a challenging and fun way to learn. As before, there will be two workers identified for each segment of the role play who can switch off and assist one another when feeling "stuck." This truly does make the role play less threatening for those playing the facilitators.

   We will also divide the role play into segments in order to make it more manageable. We will change workers each time, although

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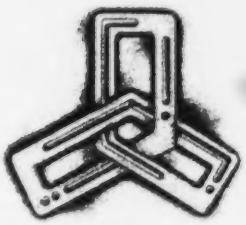

we will ask that the new workers simply pick up where the previous workers left off—as if they are the same worker.

We will need six participants to play the role of worker, eight participants to play the family roles, and the rest of you will be observing and assessing what is happening in the role play.

3. **Ask for volunteers** to play the facilitator. Patiently encourage participants to take a risk. Reiterate that they will work in pairs and thus will never be "put on the spot." Assign two volunteers for the beginning phase, two for the middle, and two for the end.

4. **Ask for volunteers** to play the eight family roles and distribute name necklaces. Direct the family members to an area with arranged seating and ask that they review their roles. Explain that for optimal learning from the role play, it will be most helpful if they are not totally resistant, although it is realistic and appropriate for them to be somewhat questioning and challenging.

5. **Explain to the observers** that their role is to watch the interactions. Ask that they pay particular attention to Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting,** and note if the tasks are completed as outlined on the resource.

6. **Set up the beginning phase** of the role play, and direct all participants to Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting.**

Shortly we will conduct the role play for the first phase of the EFM. But before we begin, let's briefly review the tasks that need to be completed in this phase.

The facilitator begins with introductions and welcome remarks, then focuses on the purpose of the meeting. The facilitator tries to enlist as much commitment to helping the children as possible. He or she must clarify roles, reminding the family that it's their meeting, and that the facilitator's role is to help focus and guide the process. The facilitator needs to be able to provide any relevant legal information or information about the agency's expectations.

The beginning phase probably lasts around 15 to 25 minutes. It is very important to get the meeting off to a good start, and nothing is gained by rushing this part of the meeting.

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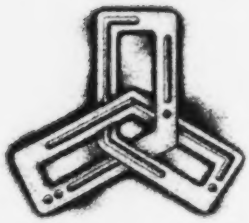

In this role play we are going to be using "real time"—that is, we will not be speeding things up or trying to get more done than you would in an actual EFM.

7. **Ask the facilitator** for the beginning phase (represented by the two volunteers for the role) to enter and sit with the family. Have them sit side by side. Clarify that together they represent one facilitator, and they will be switching in and out of the role whenever they need help or whenever a few minutes have passed. Tell them they will have 15 minutes for the role play and then you will stop them. Explain that it is likely that they will not be completely done with the beginning phase.

8. **Begin the role play.** If the facilitators forget to switch off, you may need to step in and quietly ask them to switch. Unless absolutely necessary, do not interfere or stop the role play. Do not give a time warning; simply stop the role play after 15 minutes.

9. **Process this phase** of the role play. If video equipment was used, play back segments as needed.

Ask family members how they are feeling about their participation in the EFM at this time. Make sure Ms. E. and Mary respond. Ask if there were particular things the facilitators said or did that made them want to participate.

Ask the facilitators how they feel the meeting is going at this point, what they feel they did well, and what they did not do well.

Ask the observers for feedback regarding which tasks were covered or not covered, and ideas for what could be done to address any task not completed.

Thank the facilitators and tell them they may now take their seats.

10. **Set up the middle phase** of the role play, and direct all participants to Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting.**

As you can see, during the middle phase the facilitator has a less verbal role to play, but we would not want to say a less "active" role. In fact, the facilitator needs to be very active observing what is happening, ensuring that the family stays on task, and making sure that communication is clear among the meeting participants.

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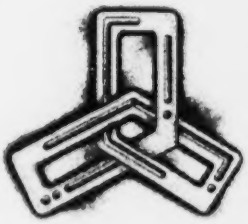

11. Ask the facilitator for the middle phase (represented by the two volunteers for the role) to come and sit with the family. Remind everyone that this is the "same" facilitator and the same meeting, except that the family is now ready to move into the middle phase of the EFM. There may be unfinished tasks from the first phase. Make up, based on the content of the role play, how these tasks were completed and present this information to the group. Ask the facilitator to begin the middle phase by again stating the purpose of the meeting and setting the stage for the family to begin their work.

12. Begin the role play. If the facilitators forget to switch off, step in and quietly ask them to switch. Unless absolutely necessary, do not interfere or stop the role play. Do not give a time warning; simply stop the role play after 35 minutes.

13. Process this phase of the role play. (If video equipment was used, play back segments as needed.)

Ask family members if they feel they are accomplishing their purpose. Ask if there were particular things the facilitators said or did that helped move them toward the goal, or that interfered with their moving toward the goal.

Ask the facilitators how they feel the meeting is going at this point, what they feel they did well, and what they did not do well.

Ask the observers for feedback regarding which tasks were covered or not covered, and ideas for what could be done to "correct" for any task not completed.

Thank the facilitators and tell them they may now take their seats.

14. Set up the ending phase of the role play, and direct all participants to Resource IV-4-c: **Stages and Tasks of the Extended Family Meeting**.

> During the ending phase, the facilitator becomes more visibly active. The facilitator will summarize what has happened during the meeting. Agreements or decisions will be reviewed, and next steps will be identified. The facilitator needs to give the family credit for the hard work they did, and to end with a statement that brings the focus back to the child.

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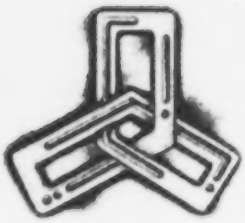

15. Ask the facilitator for the ending phase (represented by the two volunteers for the role) to come and sit with the family. Remind everyone that this is the "same" facilitator and the same meeting, except that the family is now ready to move into the ending phase of the EFM. There will most likely be unfinished tasks from the middle phase. Make up, based on the content of the role play, how these tasks were completed and summarize this for the group.

16. Begin the role play. If the facilitators forget to switch off, you may need to step in and quietly ask them to switch. Unless absolutely necessary, do not interfere or stop the role play. Do not give a time warning; simply stop the role play after 15 minutes if they are not finished.

17. Process this phase of the role play. (If video equipment was used, play back segments as needed.)

Ask family members if they feel they are accomplishing their purpose. Ask if there were particular things the facilitators said or did that helped move them toward the goal, or that interfered with moving toward the goal.

Ask the facilitators how they feel the meeting is going at this point, what they feel they did well, and what they did not do well.

Ask the observers for feedback regarding which tasks were covered or not covered, and ideas for what could be done to "correct" for any task not completed.

18. Refer participants to Resource IV-4-b: **Process Goals for the Extended Family Meeting.** Ask participants to review and consider the role play that just took place. Ask to what degree they feel the process goals were met. Pick out one or two of the goals and discuss specifically.

19. Summarize the session, once again thanking the role play participants for their accuracy and valor, and thanking the participant/observers for their keen insight, for applying the material, and for sharing.

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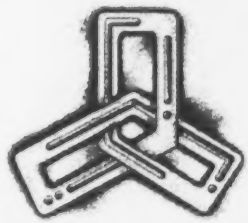

Session 7

Competency

The worker can assess obstacles to Extended Family Meetings and can strategically use the Kinship Care Extended Family Service Agreement to overcome them.

Time 1 hour 15 minutes

Purpose To help participants use the Family Service Agreement to overcome obstacles to the EFM process.

Objectives Through **Session 7** the worker will be able to:

- identify obstacles to implementing facilitated Extended Family Meetings at his/her workplace
- develop specific strategies to overcome the obstacles
- explain how using the Extended Family Service Agreement can help to overcome certain obstacles to convening EFMs at the workplace

Materials Flip chart and easel

Markers in different colors

Resource IV-1-a: **Module IV Competencies and Objectives**

Resource IV-7-a: **Extended Family Service Agreement**

1. Refer participants to Resource IV-1-a: **Module IV Competencies and Objectives,** and review the competency and objectives for Session 7.

This is the final session of Module IV. In this session we will be exploring ways to overcome some of the obstacles we run into as we attempt to hold Extended Family Meetings with families. We'll

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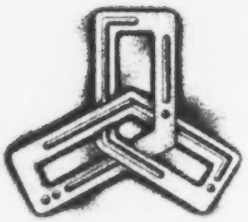

also be looking at a valuable tool that may assist you in meeting some of the challenges you identify—that is, the Family Service Agreement.

2. **Ask participants** to identify obstacles which they expect to encounter in trying to convene facilitated EFMs at their workplaces, and list these on the flip chart. Do not critique or judge what is offered. Tell the group when there are two minutes left for this exercise. Push for one more before stopping. (Participants may list a variety of obstacles related to lack of resources, the time involved in doing EFMs, concerns about their own skills, fear of intrafamilial conflict, fear of making situations even worse, not finding this approach accepted by their supervisors or agency, and concerns about how to engage client families in the process.)

3. **Ask the large group** to cluster and prioritize the obstacles. Divide the group into small working groups of four to six. Assign each group two to four different identified obstacles and ask them to take about 10-15 minutes to develop strategies to overcome each one. Ask each group to choose a recorder and a reporter to share their recommendations when the whole group reconvenes.

4. **After they complete this task,** direct each group to present its strategies. Support the work each group has done to demonstrate that obstacles need not stand in the way of convening Extended Family Meetings and implementing the facilitated EFM process in their own agencies.

5. **Refer the participants** to Resource IV-7-a: **Extended Family Service Agreement.**

> The Kinship Care Extended Family Service Agreement is a tool we can use to bring the EFM process to closure. It is also a tool that can be used to overcome some obstacles to convening the EFM. For those who doubt that the EFM can lead to positive outcomes, the Extended Family Service Agreement can be used to document goals, tasks, and time frames for completing tasks. This agreement can be used not only to bring the EFM to closure, but also to document the effectiveness of the EFM by measuring outcomes.

6. **Based on the role play** from Session 6, ask participants to think about how the form would be completed.

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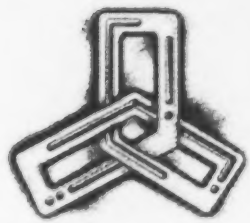

- what goal or goals were agreed upon that would be recorded here in the section for goals?
- what tasks were agreed to and by whom?
- what types of family contact were agreed upon that would be recorded here in the section regarding family contact?

7. **Ask participants** how the Family Service Agreement could help Ms. E. and her family.

Responses may include:

- it could help organize the decisions made during the meeting
- it would remind everyone about what decisions were made
- putting it in writing may make it seem more important—even after the meeting
- doing the service agreement will ensure that all important areas are covered and decisions made
- it could help provide structure to the meeting

8. **Present information** about completing the Family Service Agreement.

The Family Service Agreement can be completed during the ending phase of the EFM. Indeed, it does provide an opportunity to summarize in writing all the decisions that were made. If certain areas were not discussed, then it will be a reminder of what has not yet been accomplished.

In terms of using the agreement to help structure the process, you may wish to show the family the agreement during the beginning phase of the meeting. They can then see what types of decisions will need to be made. You can then refer to the agreement as you progress through the session (i.e., "We can add that task to our Family Service Agreement" or "We've spent a lot of time talking about our goals, but we really haven't made any plans about how to achieve them. On our Family Service Agreement, we'll want to be clear about who is doing what and when").

The agreement does not need to be typed. In fact, it is better to complete it during the meeting. If possible, make copies for everyone before they leave, or mail them copies within a few days.

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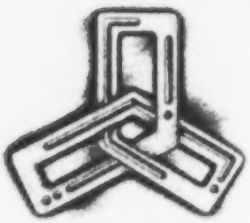

9. **Discuss the difference** between the Family Service Agreement and the agency case plan or service plan.

As you can see, the Family Service Agreement may look similar to a case plan or service plan. Certainly it does contain the same elements, and the purpose is similar. If the format of your agency plan allows for it, you can do the Family Service Agreement as part of that plan or on that same type of form.

Many plans do not include extended family. In this situation, it may be best to use the form provided here. It can be attached to your agency's plan or filed with it. But remember that the purpose of this plan is to help the extended family work on behalf of the child, and to help ensure progress toward the goals the family identified. In this sense, it is not intended for all the same uses as an agency plan—that is, it is not for use in court or in administrative reviews. Its purpose is for use with the extended family. You may want to discuss with your supervisor and administrators how the plan can best be used for its intended purpose in your agency, while also seeking to coordinate its use with other case forms and processes.

10. **Ask for comments,** questions, concerns, and thoughts.

11. **Summarize** the session.

We have seen that learning new skills requires practice in order to develop competence. We all go through an apprenticeship period during which our performance may feel a little wobbly. In the same way, whenever an agency begins to implement new methods, there may be resistance until these methods have demonstrated their effectiveness. We have identified obstacles to convening the EFM as well as creative strategies to address these obstacles.

The Extended Family Service Agreement can be a useful tool to bring closure to the EFM. It can also be a means of reducing resistance to using the EFM process.

12. **Conclude the presentation** of Module IV.

During this module we have underscored the importance of involving extended family to assist the triad during agency involvement

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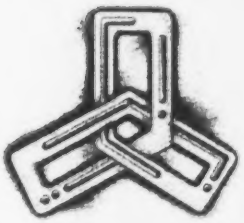

in providing kinship care services. The worker or supervisor plays a key role in convening and facilitating the EFM. Facilitation supports families' natural inclination to turn to family members for help. The EFM permits families to accept responsibility for helping agencies deal with problems in the family, and promotes self-determination to the fullest extent possible.

In the next module, we will be looking at other means of intervention with the extended family.

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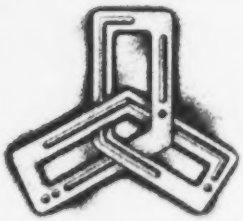

Notes

1. L. Merkel-Holguin, Implementation of family group decision making processes in the U.S.: Policies and practices in transition? (*Protecting Children,* 1998, Vol. 14, No. 4), pp. 4–10.

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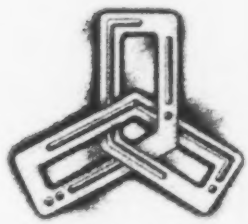

MODULE IV

PARTICIPANT RESOURCES

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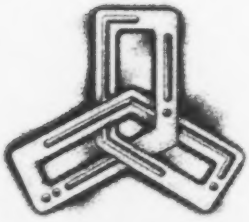

Module IV

Resource IV-1-a

Competencies and Objectives

Session 1

Competency

The worker is aware of the importance of extended family and knows the purpose of the Extended Family Meeting (EFM) process in the context of service delivery in kinship care.

Objectives Through **Session 1** the worker will be able to:

- identify issues related to the importance of extended family as a resource to its own members
- describe the purpose of the EFM
- understand the relationship between the EFM and the kinship care service delivery process

Session 2

Competency

The worker knows the significance of extended family support and understands how to address this with the triad to prepare for the EFM.

Objectives Through **Session 2** the worker will be able to:

- describe the helpful aspects of extended family involvement in their lives and the lives of others
- understand how one's own experiences with extended family may affect the ability to work effectively with the triad and the extended family
- list the tasks involved before convening an EFM
- explain the differences between the nuclear family perspective and the extended family perspective

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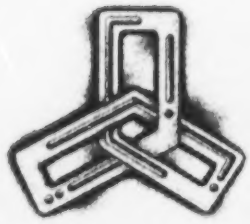

Session 3

Competency

The worker knows how to apply information about EFM permission and preparation to a case scenario involving a kinship care triad in need of extended family support.

Objectives Through **Session 3** the worker will be able to:

- develop a genogram of a family using kinship care services
- demonstrate the step process of obtaining permission for an EFM from clients
- demonstrate preparation skills in an EFM case scenario

Session 4

Competency

The worker understands the role of EFM facilitator.

Objectives Through **Session 4** the worker will be able to:

- define facilitation
- list the basic values and assumptions underlying EFM facilitation
- identify the characteristics and role of the EFM facilitator
- define the EFM process
- describe how facilitation affects the EFM process

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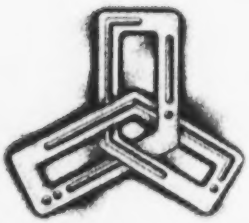

Module IV

Resource IV-1-a

Page 3

Session 5

The worker knows how to facilitate an Extended Family Meeting through each step of the process.

Objectives Through **Session 5** the worker will be able to:

- explain how to apply knowledge about basic facilitation and the EFM process to the role of facilitating an EFM

Session 6

The worker can assess and facilitate a role play of an Extended Family Meeting through each step of the process.

Objectives Through **Session 6** the worker will be able to:

- demonstrate the facilitation of a real-time, work-like role play of an Extended Family Meeting
- assess a real-time role play of a work-like situation to determine if the EFM process was followed
- assess the application of core values and assumptions guiding EFM facilitation

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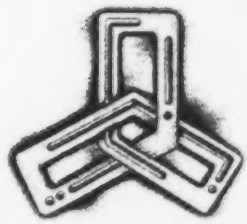

Session 7

Competency

The worker can assess obstacles to Extended Family Meetings and can strategically use the Kinship Care Extended Family Service Agreement to overcome them.

Objectives Through **Session 7** the worker will be able to:

- identify obstacles to implementing facilitated Extended Family Meetings at his/her workplace
- develop specific strategies to overcome these obstacles
- explain how using the Extended Family Service Agreement can help to overcome certain obstacles to convening EFMs at the workplace

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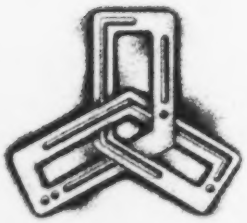

Module IV

Resource IV-2-a

Extended Family: True or False

T F 1. At some point in my childhood, I lived in a household with grandparents, aunts, uncles, cousins, or friends of the family.

T F 2. My grandparents had a significant influence in raising me and/or my siblings.

T F 3. I have a large extended family.

T F 4. My extended family holds family reunions.

T F 5. When there are weddings, funerals, and other family gatherings, I feel obligated to attend.

T F 6. As a child, my summers were often spent with grandparents or other relatives.

T F 7. When there is a crisis in my family, extended family members—including fictive kin—come together to make decisions.

T F 8. There is clearly a dominant figure in my extended family.

T F 9. Relatives are always available to babysit when I have to be away from my children.

T F 10. When I have a problem, I turn to relatives before I turn to friends.

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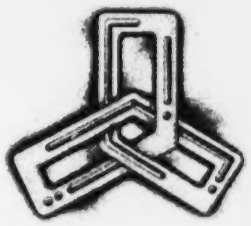

Before Convening the Extended Family Meeting

Permission

Meet with the parent(s) and caregiver(s), independently or jointly.

Introduce the EFM concept.

Explain the rationale for convening an EFM.

Ask for permission to convene an EFM.

Preparation

Determine interested parties:

- how strong are family relationships?
- to what extent do family members assist one another?
- what is the relationship between financially secure family members and those who are not as well-off?
- how close are family members to the children in question?
- who has been helping the parent or caregiver with the child prior to agency intervention?
- which relatives would want to be involved if they knew what was going on?
- who gets together at holidays and family celebrations, reunions, or funerals?
- are the children named after other relatives?
- are there godparents?
- which relatives have been successful in raising their children?
- who has strengths, skills, resources, or training which might be of help?
- are there friends of the family or "fictive kin" who may want to help in some way?

Construct a genogram.

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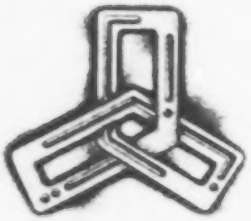

Planning

Determine location.

Confirm date and time.

Draft agenda.

Invite participants.

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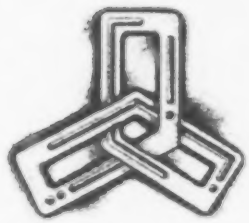

The Case of Ms. E.

Overview

Ms. E. is the 54-year-old maternal grandmother of three children who are committed to a local child welfare agency and placed in her care. She is a very religious person, extremely active in her church and her community. She is an active member of the community association, she feeds the hungry, and she is the liaison with the Korean businessmen in the neighborhood. Her community has a high rate of crime. She takes pride in the many awards and certificates of appreciation received for her public service efforts. She and her husband separated 30 years ago, and she raised her children on her own. All the children have substance-abuse-related problems and have had difficulty parenting. She is now caring for three grandchildren who are in the custody of the social service agency, and five grandchildren through informal arrangements with their parents.

Ms. E.'s Children

Jim (31): Jim became involved with a young woman when he was a senior in high school, and they had a baby girl, Shante, who is now 13 years old. Shante's mother cared for her until she was 10 years old, but has now married and wants only sporadic contact with the child. At age 10 Shante went to live with Jim. Jim has difficulty holding a job due to drinking. He stays dry for a period and involves himself in AA, but then falls off the wagon. When Jim is drinking, Shante stays with Ms. E. Shante has been with Ms. E. for the past six months.

Ann (30): Ann finished high school but began using drugs and alcohol. She became pregnant by a married man who was helping her get a start in singing. Mike is 10 and Tommy is 7.

Their father is no longer involved. The boys have been living with Ms. E. for several years. Ann visits whenever she is not using, and the children have maintained a relatively good relationship with her. Both boys do well in school.

Jackie (26): Jackie finished school and married at age 18. They had a boy, Bryan (now 7), and a girl, Becky (now 5). Jackie's husband was drug involved and he died of AIDS three years ago. Jackie was diagnosed HIV positive and began to have symptoms shortly after that. She sent Bryan and Becky to live with Ms. E. Jackie is now quite ill and has little contact with the family.

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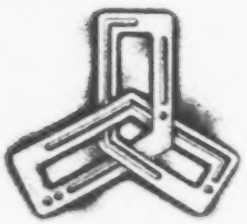

Mary (24): Mary had her first child at age 14, another at age 16, and the third at age 18. Lia is now 10 years old, Darryl is 6 years old, and Susan is 4 years old. Mary has had longstanding problems, and was in residential treatment for two years as an adolescent due to her rebellious behavior. Mary has little contact with the family. Lia, Darryl, and Susan have been in the custody of the state child welfare system for 3 1/2 years following an incident where Mary left them unattended while she looked for drugs. These children were placed in Ms. E.'s care.

Placement History

Ms. E. is caring for the three grandchildren committed to DSS, as well as five other grandchildren. In addition, she is caring for her neighbor's child Rocky (age 16) due to his mother's drug use.

All of these parents' problems are related to misuse of alcohol or drugs. Ms. E.'s four children have confidence in her childrearing and accept responsibility for their shortcomings. They had all rebelled as young adults, but had completed school and, with the exception of Mary, had generally lived up to the expectations placed on them. There remains a good deal of tension between Ms. E. and Mary as a result, although Ms. E. has welcomed the grandchildren into her home.

Living with the family is an elderly boarder, a 60-year-old man named Joe who occasionally drinks too much. Ms. E. relies on a neighbor to provide care for the children when she works in the evening cleaning business offices. Joe also provides some care. Joe is there to supplement the family income; no relationship is apparent between him and Ms. E. He receives a disability pension because of a back injury. The kids call him Mr. Joe.

Lia, who is 10 years old, appears to be most affected. Lia is very angry with her mother because she makes promises to visit and then never shows up. Lia steals, lies, and fantasizes. Once she visited a playmate's home; she stole the parent's purse and used the large sum of money to go shopping (in fact, some of it was used to buy gifts for her grandmother).

Ms. E. attempted to deal with Lia's lying and stealing by hitting her with a plastic rod from the venetian blinds. When asked about this she stated "Thou shalt not steal," and "Spare the rod and spoil the child."

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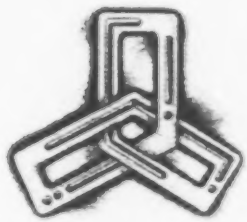

The worker asked Ms. E. whether this form of discipline had worked for her, and she admitted that it had not. A referral was made for counseling, and Ms. E. has followed through with weekly counseling visits for Lia and herself at the local university clinic.

Shante (13), who has also had emotional problems, accused the grandmother of beating and kicking Lia. A CPS investigation was done, and Shante and Lia were both removed from the home, and placed in separate foster homes. Eventually the agency also moved Darryl and Susan, placing them in separate foster homes. Ms. E.'s children then removed the other grandchildren from her home out of fear that CPS would go to court and remove them if they did not.

All of the children had perfect school attendance prior to placement, after which their attendance and grades fell drastically. The children all denied that they had been mistreated, and constantly asked to return to their grandmother. They suffered from depression and were withdrawn. Shante was acting out and became pregnant. She later withdrew her statements against her grandmother in court, explaining that she was angry that Ms. E. was strict and did not allow her to make her own rules.

After more than a year, Lia, Darryl, and Susan were all returned to their grandmother's care. The agency observed that the children were not faring better in separate foster homes, and that Ms. E. was willing to keep them. Ms. E.'s other children returned their children to her care, although they kept the AFDC payments. Ms. E. is reluctant to pursue AFDC for them, since she now has a record with DSS of having her children placed as a result of abuse.

Ms. E.'s Background

Ms. E. is one of nine children born to parents who lived on a farm in a southern state, about 400 miles away. Ms. E.'s parents were God-fearing people who nurtured their children and provided for them as best they could. Ms. E. states that "we did not know we were poor, probably because we were never hungry." Five of her seven living siblings, as well as Ms. E., continue to live in their home state: two brothers who sold the family farm and purchased an auto repair business, a brother who is the pastor for a local church, and three sisters who are married with families and who live nearby. Two sisters relocated to nearby states, including one who is a teacher, and one who works for an investment firm.

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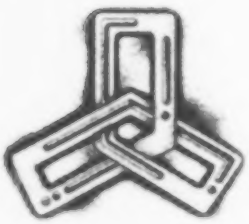

Module IV

Resource IV-4-a

A Look at Facilitation

Facilitation—A General Definition

Basic facilitation monitors and guides a group's process toward accomplishing specific goals.

EFM Facilitation

EFM facilitation is a process in which a "neutral" facilitator who has limited decision-making authority, and with whom the family has consented to meet, intervenes to help family members make decisions on behalf of children receiving kinship care services through the child welfare system.

The EFM "Designated" Facilitator

The EFM "designated" facilitator (usually the worker or supervisor) serves the triad in its meeting with members of the extended family to help the family decide whether and how they may be able to support the triad during the child welfare service intervention period.

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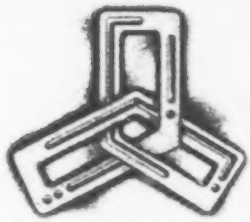

Process Goals for the Extended Family Meeting

The family shares information in a way that other family members can understand.

The family shares information in a way that does not lead to judgments.

The family understands the process of extended family decision making rooted in consensus.

The family understands the legitimate power base and constraints imposed by mandates or persons in authority.

The family wants to alleviate the crisis leading to or precipitated by kinship care service involvement with the child welfare system.

The family defines its own objectives and means of accomplishing them.

Self-determination is supported to the fullest extent possible.

The family is responsible for itself.

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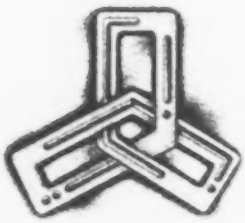

Module IV

Resource IV-4-c

Stages and Tasks of the Extended Family Meeting

The Beginning

Begin with introductions.

Make a formal introduction and welcome the participants.

State the purposes of the meeting in simple terms: to find additional sources of support for the children and their caregiver, and to review or consider permanent options for their care.

Ensure agreement or commitment to the goal, continuing to focus on the child's well-being as a means to help build agreement.

Remind family members that it is their meeting.

Clarify that the facilitator's job is to help people stay on task.

Present needed information and explain terms:

- legal options for the children, such as adoption or guardianship
- types of financial assistance which can be made available (AFDC, Subsidized Adoption, Foster Care, SSI, etc.)
- the agency's role, decisions made to this point, and how the agency wishes to work with the family

The Middle

Invite the family members to discuss their perception of the problems, possible solutions, and hopes and goals for the children.

Set the stage and gear up a family conversation.

Sit back and monitor the process.

Intervene only to keep the family on task, or to guide it toward its goals.

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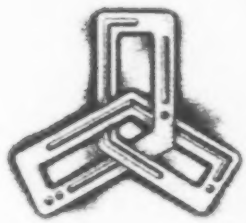

Make observations:

- what is the family hierarchy?
- what are the family's own values, norms, taboos, rules, roles, and boundaries which seem to shape the interaction?
- who leads/follows/rebels?

Intervene cautiously and consciously by describing your observations, and test out inferences by making them easy for people to reject.

Ask for clarification when needed, or when it appears that someone in the family may not understand what is being discussed.

Encourage the family to do the work.

Periodically ask the family to assess where they are in their work, and to clarify what might need further discussion.

The End

Review decisions and commitments made by the family members.

Present a service agreement if necessary.

Review action plans and next steps, including planning a further meeting and establishing an agenda, if necessary.

Point out to the family the good work that they accomplished.

Thank participants for their commitment to the child.

End the session with a positive focus on the child.

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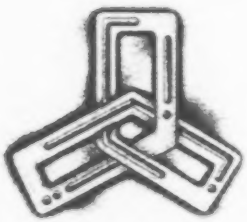

Module IV

Resource IV-6-a

Role Play

Jim

You are Ms. E.'s oldest child and her only son. She has always encouraged you, but you feel that you could never meet her expectations. You wanted to be a professional basketball player, but your mother discouraged your sports activities. You have always felt that your mother loved you but really wished that your father had been around. You never say "no" to your mother. Even though you drink too much, you have always had a job and helped your mother financially.

Ann

You are Ms. E.'s oldest girl. Everyone has always told you how pretty you are, and you have never had problems getting a man. Your mother never liked any of your boyfriends because they were not in the church. You could sing well from the time you were a little girl, and you enjoyed being on stage. Your mother always wanted you to sing in church. When you met your children's father, he offered you a job singing in a night club. While there, you got hooked on alcohol and drugs. For a long time, your children's father gave you everything you wanted, including drugs. You had a car, an apartment, designer clothes, and you really thought you would make it big someday. The children's father promised that he would leave his wife after your first child was born. However, after your second child was born and he lost his night club business, you realized that he would not marry you.

Missy

You are Ms. E.'s sister from a northern state, 250 miles away. You have always looked up to Ms. E. She is your oldest sister, and was like a mother to you when you were growing up. When you were in college, she would always encourage you and would often send food care packages. You haven't kept in touch the way you should, but you always send cards and gifts on your sister's birthday. You had no idea your sister was going through these problems with her daughter and grandchildren. You are here to help.

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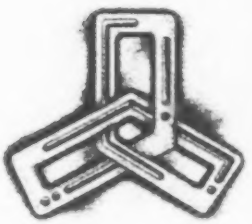

Chester

You are Ms. E.'s brother from a southern state. You came to help out in any way you could. You have always sent money to your sister, and she and the children used to come "home" for vacations every summer. You hate to see her suffer because of all she has been through with that no good husband who left her with four little children. You would like to get your hands on him—the bum!

Dean

You are Ms. E.'s brother, a local minister. Your sister is a member of your church. You are proud of your sister for her public-service involvement and for the work she does in the church. Her children have not made her proud. They have run with the wrong crowd. Ms. E. has asked you on several occasions to talk to her children and you have prayed with her many times. You do not understand why your sister struggles with those grandchildren. She should make those grown children and their children get out on their own. You tell her all the time to just put them in the hands of the Lord. There is nothing any of us can do at this point.

Evelyn

You are Ms. E.'s sister from the local area. You know just what your sister has been going through. She calls you on the phone, upset to tears with her children and grandchildren. You never say anything to the children because you don't want to get into arguments and upset your sister even more. Your sister has always been too easy on them, giving to them when she didn't have anything for herself. She really spoiled Mary and you told her that Mary would disappoint her. You were right; Mary did disappoint her by getting pregnant. You believe that your sister needs to get away from all of them and have some time for herself. She never even comes to the country to visit you, because she is always worrying about those grandchildren.

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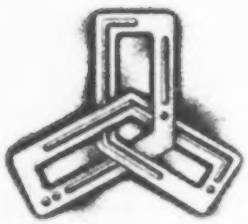

Module IV

Resource IV-7-a

Extended Family Service Agreement

This service agreement between _____
The Family of the Child(ren)

and _____,
Worker

of the _____
Agency

is subject to change according to the needs of the above parties, and will be periodically updated.

1. Goals(s) of child welfare services are agreed upon by the family and the service worker:

2. In order to work toward the stated goal(s), we agree to complete the following tasks within the specified period of time:

3. We, the family member(s), agree to the following frequency of contact:

4. This agreement will be in effect for a period of _____ unless changed by agreement of the family and the worker.

Signature(s):

_____
Family Member Date Phone #

_____
Family Member Date Phone #

_____
Family Member Date Phone #

_____
Worker Date Phone #

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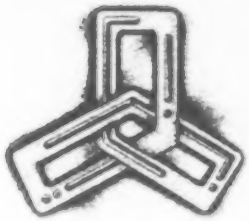

MODULE V

INTERVENTION STRATEGIES AND SERVICE TECHNIQUES

Rationale **Workers need to be aware of a range of services which support kinship care, and be prepared to refer for, monitor, and/or deliver those services.**

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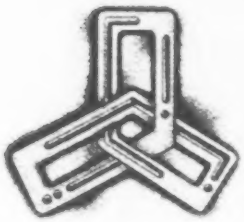

Session 1

Competency

The worker knows that the service plan is based on the family triad assessment.

Time 45 minutes

Purpose The purpose of this session is to help workers understand the connection between the assessment and service planning.

Objectives Through **Session 1** the worker will be able to:

- explain the purpose of intervention in kinship care situations
- explain why the assessment of the family triad is used as a basis for service planning
- describe possible problems or issues that might be identified in the triad family assessment that would indicate a need for intervention

Materials Flip chart and markers

Overhead projector

Resource V-1-a: **Module V Competencies and Objectives**

Transparencies as determined by trainer

1. **Refer participants** to Resource V-1-a: **Module V Competencies and Objectives.** Introduce the module, and the competency and objectives for Session 1.

In this module, we will be looking at the intervention or service-delivery phase of working with the child and kinship family. In Session 1, we will consider how intervention efforts connect to the family triad assessment, and how the service plan is used to help

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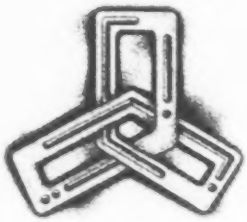

implement services.

2. **Remind participants** of some of the information they learned in Module III about the assessment process.

In Module III we looked at assessing the family triad. As you recall, we said the purpose of assessment is to identify the family's strengths and needs. We talked about assessing individuals in the triad, as well as assessing how the family is functioning as a whole to meet the child's needs.

During assessment we seek to learn as much as possible about the family. But we are seeking this information for two important reasons—to ensure the child's safety and well-being, and to determine how the child's needs can best be met within the triad.

Thus, it is through assessment that we develop a plan for intervening and ensuring that the child's needs are met.

3. **Clarify the purpose** of intervention when children are in kinship care.

The purpose of intervention is to work with the triad in order to ensure that the child's needs are met. Intervention with the kinship caregiver is not directed toward "treatment" goals, as is often the case when intervening with parents. Sometimes this becomes confusing for the worker. Remember that parents have generally been found unable to meet the child's needs, and a plan is developed to enable them to do so. This is not the case with kinship families.

The child's placement with the kinship family indicates that the agency has determined that the kinship family is able to meet the child's basic needs. This does not mean, however, that the family does not need help or support, or that services might not enable them to meet the child's needs better or more easily. But this is an important distinction to make. We are not "treating" kinship families. We are intervening to assist them in helping the child or children involved.

4. **Note that research** indicates that members of the kinship triad are often less likely to receive needed services than children placed in family foster care.

The literature suggests that a range of services may be needed in

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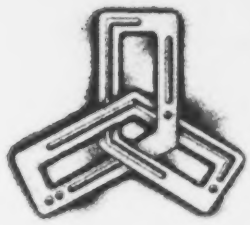

order to best meet the child's needs. Berrick, Barth, and Needell, in their research, found that children in kinship care often do not receive the same level of services as children in family foster care. In addition, kinship families may need assistance in advocating for needed services, as well as concrete supports.[1] Further, birth parents whose children are cared for by kin often lack needed services.[2]

The CWLA North American Kinship Care Policy and Practice Committee recommends that services must address the range of needs of the children in kinship care, their birth parents, and their kinship caregivers.

5. **Ask participants** to think about some of the issues or problems they might identify as a result of the assessment process that could indicate a need for help or support. Record the responses on the flip chart.

Responses may include:

- financial difficulties
- poor communication
- strained or poor relationship between the kinship family and the birth parent
- family overwhelmed by the children's needs
- physical or health problems
- substance abuse problem within the family
- mental health problem within the family

6. **Take two or three** of these examples, and ask participants to identify how this might impact the family's ability to meet the child's needs.

For example:

Financial problems—The family may be very stressed around money issues, and in some cases may not be able to provide what the child needs. Even with financial assistance, there may be a lag time before the money arrives. And it often does not cover expenses such as a bed and mattress.

Substance abuse problem within the family—If someone living in the home has a substance abuse problem, there are many implica-

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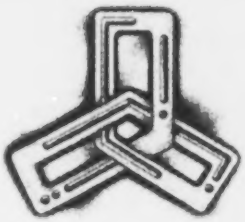

tions for how this could impact the child. The child may observe arguing and conflict regarding the substance abuse; financial problems may interfere with the child's basic needs being met; the child may observe drug use, and people using drugs coming in and out of the home.

7. **Using the same examples,** ask participants what type of intervention or services might enable the family to meet the child's needs appropriately.

For example:

Financial problems—It might be appropriate to try to obtain "flexible funding" or money that would allow for the purchase of a one-time specific item such as a bed. The worker might also explore how to maximize benefits for the child. The family might also need assistance with budgeting.

Substance abuse problem within the family—The family may benefit from a referral to Al-Anon. There are many safety issues that will need to be addressed (i.e., the child cannot be left in the care of the person who abuses substances). Rules may need to be established with the family regarding the child's interaction with the substance abuser, and the worker may need to address safety issues with the family regarding drug users in the home.

If there is intergenerational substance abuse, preventive services for the child are also in order.

8. **Ask participants** how they would decide which services or interventions to utilize in a given situation. Responses should address the following:

It depends on the family's situation and the needs of the child. This is best understood by relying on the information in the assessment of the family triad. From the assessment the worker can best determine the nature of the problem, how it impacts or interferes with the child's needs being met, and what types of intervention the family is likely to accept and utilize.

9. **Ask participants** to identify situations in which kinship care might be a strength and/or an obstacle in being able to provide a service or intervene as needed.

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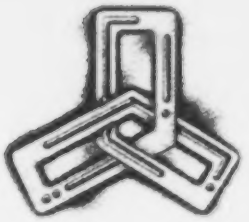

Examples:

Service or intervention needed:	A child may need an education evaluation.
Strength:	In the evaluation process, the kinship caregiver may have extensive information regarding the child's developmental and school history.
Obstacle:	School officials may not recognize the authority of the kinship caregiver, or the value of the information provided.
Service or intervention needed:	Parents may need help during visits in providing nurturing to children.
Strength:	Kinship caregiver may be able to assist the parent during the visit. Visit may be more comfortable and natural for child. Visits can often be supervised without a worker being present.
Obstacle:	Parent may resent the kinship caregiver's interference.
Service or intervention needed:	Support group for kinship caregiver.
Strength:	Kinship caregiver may value "being strong" and independent.
Obstacle:	Kinship caregiver is not used to seeking help for self.

10. Explain that this is the process that is used in planning for intervention with the family triad.

We have just talked through the process that is used in planning for intervention with the family triad. Through the assessment, you identify potential family problems or needs. Based on your information about the family, and your knowledge of the child,

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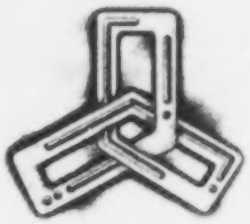

you determine if the situation is likely to impact the family's ability and willingness to meet the needs of the child. If this is the case, you will want to consider the type of intervention that would help the family most.

11. **Inform participants** that in the next session they will be looking at different types of interventions that may be used in working with the kinship family triad.

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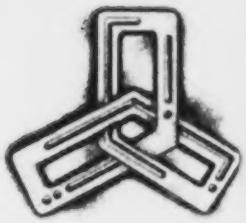

Session 2

Competency

The worker is aware of the wide variety of roles he/she may need to play when intervening with the triad during kinship care service delivery.

Time 45 minutes

Purpose To provide an overview of the types of roles the worker may assume while delivering services to the triad.

Objectives Through **Session 2** the worker will be able to:

- define three major types of roles in kinship care service delivery
- describe the importance of each major role type
- identify the roles he/she is most likely to assume when delivering kinship care services

Materials Flip chart and easel

Markers

Resource V-1-a: **Module V Competencies and Objectives**

Resource V-2-a: **Types of Roles**

Transparencies as needed

1. Refer participants to Resource V-1-a: **Module V Competencies and Objectives,** and introduce Session 2 by reviewing the competency and objectives.

In the previous session, we looked at the process for determining the type of intervention used to help a kinship family best meet the needs of a child. In this session we will look at the different ways the worker can use his or her role to intervene with the kinship family.

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2. **Introduce a brief brainstorming** exercise and write responses on the flip chart.

   Think about how you interact with clients and families while delivering kinship care or other child welfare-related services. What are some of the roles you fill when working with families?

Responses may include:

- negotiator
- facilitator
- referring source
- information provider
- advocate
- supporter
- counselor

3. **Introduce the concept** of types of roles.

   You have listed a wide variety of possible roles we may find ourselves playing when delivering kinship care services. These roles are functional roles—they describe what we do. Although we may be called on to perform many tasks and functions, our role responsibilities fall mainly into three broad categories of service delivery: case manager, caseworker, and change agent. In many ways we can think of these types of roles along a continuum.

   Each one can be defined individually, yet clear distinctions between them are more or less arbitrary. These areas may overlap, or vary greatly due to the intensity of involvement with the client.

4. **Refer participants** to Resource V-2-a: **Types of Roles** and briefly discuss each role.

   The case manager advocates for, and links the client to the service network of agencies, and coordinates the delivery of services. Case managers use an assessment to identify family strengths and needs, a service plan to outline the service delivery process, intervention that primarily involves using providers and outside resources, and monitoring of how effective these services are in meeting family needs.

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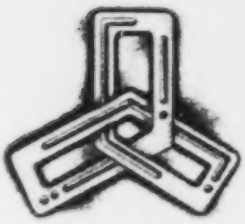

The caseworker role is similar in that the steps of assessment, service planning, intervention, and monitoring are followed. However, the caseworker may be more involved in providing direct services, rather than coordinating service delivery through other agencies and outside providers.

The change agent role is more actively involved in providing professional guidance to the client's change process. A counselor is generally considered a change agent.

5. **Note that agencies** may perform tasks in any or all of these roles.

   People in varied job titles in different agencies may perform tasks in any or all of these roles. Some agencies focus on one particular role to the exclusion of others. Each role is important during kinship care service delivery to the triad. Each is effective for performing different tasks to meet the needs of the triad, and for accomplishing different outcomes.

6. **Draw a continuum** from top to bottom on a piece of flip chart paper, with "case manager" at the top left, "caseworker" on the left-hand side in the middle, and "change agent" at the bottom left.

Review the roles developed in the brainstorming exercise, and ask the participants where they would place each role along the continuum.

Write the role along the continuum on the right-hand side of the flip chart page.

Ask participants if they can identify any other roles or tasks, and ask where they would place them on the continuum.

7. **Summarize** the activity.

   As you can see, our work with families generally encompasses being a case manager, a caseworker, and a change agent. But you may find that most tasks cluster around one of the functions. (In most cases this will be the case manager function.) Also, it is not that important whether you define a task as a case management task or a caseworker task. What is important is that you understand that all of these may be part of your overall role in working with kinship care situations.

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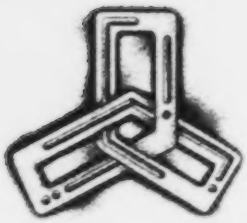

8. **Ask participants** to identify when they might need to use case management skills in working with kinship families.

Examples might include:

- when the kinship family needs a referral for services
- when services for the child need to be coordinated
- when service providers need to work together on behalf of the child

9. **Ask participants** when they might need to use casework skills in working with kinship families.

Examples might include:

- when a visiting plan is negotiated between family members
- when the kinship family requests help in dealing with the birth parent's behavior
- when the family needs direct support

10. **Ask participants** when they may need to use change agent skills in working with families.

- when conducting an Extended Family Meeting
- when the family will not go to an outside provider but needs assistance in making a change
- when the family is in crisis and you are the first available resource

11. **Ask the participants** to consider and discuss what their own primary role seems to be. Have them add this to their name tents, and ask participants to share.

12. **Summarize** the discussion and the session.

You will be called upon to use the skills that fall all along this continuum. While you may view your role predominantly in one way or another, it is important not to define your job only in this way. In fact, you will need to be adept at all the functions and be ready to intervene as a case manager, a caseworker, or a change agent—whichever is needed.

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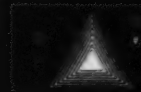
Session 3



Competency The worker understands how to use the service plan as a tool in working with the kinship care family toward better meeting the child's needs.

Time 1 hour 15 minutes

Purpose To teach participants how to utilize the service plan as a way to help the kinship family meet the child's needs.

Objectives Through **Session 3** the worker will be able to:

- explain how the plan can be used to help the family understand and commit to the child's permanency goal
- describe how tasks are developed in the service plan to meet a need identified in the triad family assessment
- demonstrate how to use the plan as a tool with the kinship care family to better meet the child's needs

Materials Flip chart and easel

Markers

Prepared name tent on which the trainer writes a goal and tasks to be done to meet the goal

Resource V-1-a: **Module V Competencies and Objectives**

Resource V-3-a: **Meeting the Child's Needs Through Service Planning**

Transparencies as needed by trainer

1. **Refer participants** to Resource V-1-a: **Module V Competencies**

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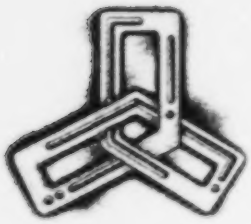

and Objectives, and review the competency and objectives for Session 3.

> We will continue to look at intervention by focusing on how the service plan can be used with kinship families to help them better meet the child's needs. The service plan is actually a tool that can be used to help inform and focus the family, as well as help structure the tasks that need to be done to meet the child's goal.

2. **Ask participants** to think of something they want to accomplish or something they are working toward, and record this on their name tent. Then ask them to think through the tasks they need to accomplish in order to realize their "goal" and jot these down around the goal.

3. **Display your name tent,** and briefly describe the goal and some of the tasks identified on it. Ask if someone else would be willing to share.

4. **Summarize** this activity.

> All of us plan. Planning is a natural part of life, and not something that is just done in the child welfare system. We do focus on planning, however, because unlike you, children are not adept at planning for themselves. That is our responsibility as the adults who are charged with their care. This is exactly how we can present the idea of service planning to kinship families in a way that normalizes the process.

5. **Discuss the role** of service planning in working with children in kinship care.

> Service plans are used in child welfare to help ensure timely progress toward the child's goal for permanence, and to provide the structure for intervening with the child and those responsible for the child's care. In kinship care situations, we are looking at how to intervene with the kinship triad to ensure that the child's needs are met. The first step is to assess the kinship triad, identify the strengths and needs, and based on this assessment, determine what intervention is appropriate. As previously discussed, intervention may take the form of referrals to other services, coordinating services, or providing services directly to the family.

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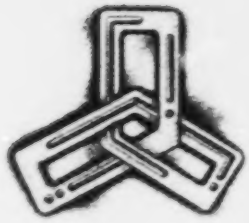

6. **Ask participants** how service planning may be different in a kinship care situation than with a child who is in family foster care. Make sure the following information is covered:

> In a kinship care situation you will be planning with the kinship family triad—child, birth parent, and kinship family. The birth parents and the kinship family have a preexisting relationship that might impact the planning process. Also, foster families generally have experience and knowledge regarding working with the agency, and participating in service planning. Kinship families may not. The service plan may seem like one more bureaucratic requirement of the agency, or worse, may tend to be more overwhelming than helpful.

7. **Ask participants** to identify how the service planning process should be approached with kinship care families in order to engage them effectively in the process. Ensure that the following points are covered:

> The purpose of service planning needs to be explained to the family as the way we organize our work on behalf of the child, and how we ensure that those responsible for meeting the child's needs are working together.
>
> The family needs to see what a service plan is, before negotiating the family's tasks. The service plan needs to be negotiated and reviewed with the family. The family's tasks should not be completed ahead of time, and mailed or handed to the family. The family should have input into the process.

8. **Summarize** the suggestions.

> Indeed, kinship care families may need some education around the service planning process. The more you focus on the plan as a means to help ensure that the child's needs are met, the more likely it is that the family will engage with you toward that end. Further, you want to work with the family through the planning process, and involve them in developing the tasks and services.

9. **Ask participants** how the service plan can be used with the kinship family to help ensure that the child's needs are met. Responses need to include:

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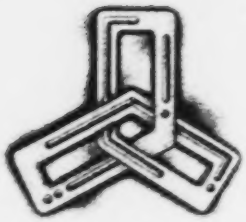

The service plan may identify responsibilities for the kinship care family around obtaining services for the child (e.g., will take the child to counseling, will meet with the educational team, will take the child to pediatrician appointments).

The service plan may identify responsibilities for the kinship family around working with the agency (e.g., will attend administrative reviews, will meet with the agency worker once a month, will provide documentation of medical visits to the agency).

The service plan may identify responsibilities for the kinship family to strengthen their ability to ensure the child's safety and well-being (e.g., will continue to attend AA meetings, will adhere to the visiting plan as established by the agency).

10. **Summarize the discussion** and connect the need for services or intervention back to the family triad assessment.

The service plan can be used for different types of situations, but all of them relate to helping ensure that the child's needs are met. You may also remember that we determine what the child's needs are, and what the kinship care family's strengths and needs are, through the assessment process. The service plan can be used to help solve problems, coordinate or structure how services will be used, or designate how communication will be handled.

11. **Explain how the service plan** is a tool for working with the kinship care family.

The plan can be used to help the family understand and commit to the child's permanency goal. It can be used as a concrete tool to "talk through" the case, the goal, the child's needs, and how to best meet those needs. Having the information in writing makes the information much clearer, and involving the family in the planning process is likely to build a stronger commitment to the plan.

12. **Introduce an activity** designed to help participants demonstrate how service planning is done with the kinship care family toward meeting the child's needs. Refer participants to Resource V-3-a: **Meeting the Child's Needs Through Service Planning.**

Divide participants into three groups.

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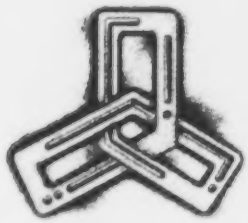

Explain that each group will role play a service planning session with the family. As in the previous role play, some participants will play the family members, two participants should switch off as the worker, and the rest are to observe.

Note that they are to address only the type of service planning tasks identified at the end of the case scenario. Since time is limited, an entire plan will not be developed.

Direct the observers to be prepared to report back to the larger group.

Assign the first two groups to Case A, the next two groups to Case B.

Tell the groups they will have 20 minutes to complete the activity. Encourage them to organize and select role-play parts as quickly as possible.

Direct the participants who are playing the worker to write down the tasks that will define the intervention that the worker and the family agree upon. Ask those playing the family members not to make the task impossible for the worker, and to respond appropriately to the worker's efforts.

13. Process the role play by asking each group the questions below, and contrasting differences in how the groups approached the planning process.

- what issue were you trying to address through service planning?
- to the kinship care family: What techniques did the worker use to try to engage you in the process? What worked? What did not work as well?
- to the worker: How did you feel about your efforts? Did you accomplish what you wanted to accomplish?
- what tasks were developed as a result of your meeting with the family?

Tasks for Case A:

There need to be tasks to address Jamie's neurological needs. These would include doctor appointments, early intervention, and physical therapy. The plan would need to address who would

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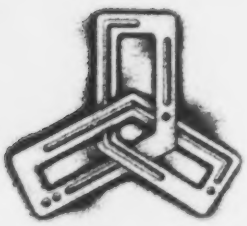

transport Jamie to these services, who would monitor her progress with the services, and how communication would occur. Shelly needs some help in understanding what has happened. A referral to counseling would be appropriate. Or the worker may need to provide direct intervention.

There would also be tasks to help support Jill. Flexible funding sources could be explored for meeting initial placement expenses. Services to enable Jill to attend the support group would be in order. The planning process would also be an opportunity to clarify Pedro's role and what potential support he might provide. Jill needs some assistance in learning how to talk with the children about what has happened. This may need to be an intervention that the worker does directly, or it could be a referral to training or to talk with someone.

Tasks for Case B:

Intervention needs to ensure that a visiting plan is in effect and all parties are aware of what the plan is. The plan also needs to address the steps that Rachel and Daniel need to take each day to ensure that the children are safe (i.e., the schools need to be made aware that they are not to release the children to either parent; all caregivers need to have a plan in case the parents come to the home, etc.). The agency needs to make it clear, in the service plan, what the expectations are around sharing significant information. The agency needs to be clear about how they will support Rachel and Daniel through this difficult time.

14. Summarize the activity.

In this activity you demonstrated how to negotiate service plan tasks for a variety of situations, all directed toward the goal of meeting the child's needs. As you demonstrated, service planning is used to identify tasks for the kinship care family toward fulfilling agency expectations, meeting service needs for the child, or helping the kinship care family meet needs that will help them care for the child.

15. Explain the difference between the agency service plan and the Extended Family Service Agreement.

The difference between the agency service plan and the Extended Family Service Agreement needs to be clear to you. Remember

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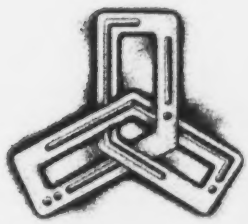

that the Extended Family Service Agreement is done as a result of the Extended Family Meeting, and it records the agreements and decisions based on that meeting. It is, by and large, a tool for use with the extended family to help plan and organize how the family is going to support the kinship triad.

The agency service plan documents all the needs of the child and how these needs will be met, as well as what changes the parents must make in order for the child to be returned to their custody. The agency plan is much broader, and is also used for a variety of different reasons. It is used to satisfy court requirements, administrative review requirements, and it must meet federal and state policy requirements. The Family Service Agreement may be attached to the service plan if desired, or if it appears that the information in the two documents will overlap.

16. Summarize this session and bridge to the next session on crisis intervention.

The service plan structures and defines the type of intervention that will be used, and how it will be used. But despite the best planning, there may be crisis situations that occur. The next session will focus on crisis intervention within the kinship triad.

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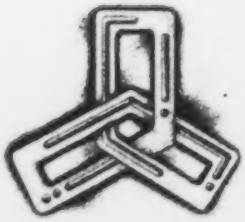

Session 4

Competency

The worker knows how to apply principles of crisis intervention to the triad when crises arise during kinship care service delivery.

Time 1 hour 30 minutes

Purpose To provide comprehensive information about a variety of intervention strategies with the kinship triad.

Objectives Through **Session 4** the worker will be able to:

- define "crisis"
- list the phases of the crisis state
- contrast crisis with chaos
- list the steps involved in crisis intervention
- describe the primary goal of crisis intervention
- know how to apply crisis intervention to anticipated crisis situations with kinship care triads

Materials Flip chart and easel

Markers

Resource V-1-a: **Module V Competencies and Objectives**

Resource V-4-a: **Phases of the Crisis State**

Resource V-4-b: **Major Life Transitions for Adults**

Resource V-4-c: **Steps of Crisis Intervention**

Resource V-4-d: **Responding to Crisis**

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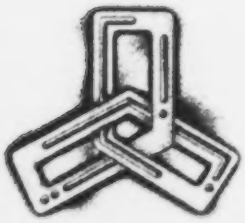

1. **Refer participants** to Resource V-1-a: **Module V Competencies and Objectives.** Review the competency and objectives for Session 4.

We are continuing to look at intervention. In this session, the focus is on intervening in crisis situations.

2. **Introduce an experiential exercise** to the participants. Read slowly, allowing the words to sink in. Suggest that participants close their eyes and visualize the scenario as it is read.

I want you to imagine that your agency's administration has decided that your job and your future with the agency depend on how you learn the material in this session. At the end of the day, I will be submitting a report recommending that you be released immediately, that you be retained without recommendation for promotion, or that you be recommended for immediate promotion. You will need to learn the material presented, master it within an hour, and demonstrate your mastery in a role play which will be observed by me, by all the participants here with you, and will be videotaped for intense scrutiny by a team of your supervisors and administrators. I will report on who participates in the training, including who volunteers first for the role play and who the last person is to role play. I hope you are happy to be here today!

3. **Process the exercise** with the participants by asking the questions below and recording the responses on the flip chart.

- how would you be feeling if the scenario I just described to you were true?
- how would you handle yourself in the situation I just described?

4. **Summarize the discussion** about this activity.

Thank you for sharing your feelings and strategies. It looks as if the kind of situation I described would put you into a crisis state. In fact, the feelings you listed are typical.

Of course, most of us do not come to training in a state of crisis, and usually training does not put us into a crisis. But I bet that you would find yourself in an acute crisis if training were suddenly turned into a job-threatening public test.

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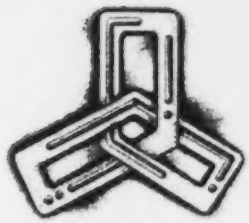

5. **Refer participants** to Resource V-4-a: **Phases of the Crisis State.** Review the flip chart lists and use the participants' responses to highlight the phases represented in their responses.

> Resource V-4-a lists the three phases of the crisis state. Your responses to the scenario show many of the characteristics of the impact shock phase (and perhaps the recoil phase).
>
> If our scenario had played out longer, you may have entered the post-traumatic phase, typified by finding new ways to cope, which could produce growth-enhancing results; or the crisis could have resulted in trauma and all the problems associated with such an out-of-balance experience.

6. **Refer participants** to Resource V-4-b: **Major Life Transitions for Adults.** Allow time for participants to think through the questions that follow.

> Look over this list of major life transitions for adults. Even if we are living our lives as cautiously as possible, we will not be able to avoid crises life brings our way. Think about the most recent crisis you had to deal with. It might be something on the list, or it might be the kind of crisis you could not have seen coming.
>
> When you identify the crisis, try to recall how your life was in the days and weeks before the crisis hit. Things may not have been great, but you were not in the crisis state. You experienced equilibrium—things were, more or less, in balance. Then the crisis struck. How did you move through the crisis state? During the impact shock phase of your crisis, did your tension rise? Do you remember how you tried to cope? Did you need to pull out all the stops and use your emergency mechanisms? Did they work? Did you have to redefine the problem, or lower your expectations? Did you try to avoid the problem altogether? After the shock of the crisis wore off, were you recoiling into the distress of confusion, anger, hopelessness, and helplessness? Did you emerge from the crisis stronger, or did the crisis grind you down or wear you out?

7. **Ask participants** to consider the role of the kinship caregiver in relation to the information on the resource. Ask participants to share their thoughts.

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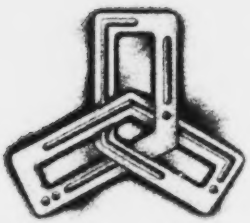

Summarize the responses:

Kinship caregivers may find themselves in the midst of several life transitions at once. Certainly they are experiencing developmental changes in family relationships. In addition, they are acquiring a new role—now as a caregiver. This new role may change their role in the community—perhaps they may no longer be able to work or participate in activities as they once did. Factor into this the precipitating event that led to the child's placement, and it is clear that kinship caregivers themselves may be in crisis.

8. **Challenge participants** to consider the implications for their work with the kinship caregiver.

Just understanding the fact that the kinship caregiver is undergoing tremendous change and stress may help you. You may find that using your crisis intervention skills provides the most help in working with the family.

9. **Introduce and contrast** the concept of chaos with the concept of crisis, noting main points on the flip chart.

Crises are clearly precipitated by stressful events or problems which seem hazardous and threatening. A crisis disrupts equilibrium in a person or family. Crises tend to be of short duration, lasting from four to eight weeks. After the crisis, functioning is restored to a new equilibrium, which may be more or less adaptive than the previous state of equilibrium.

Chaos is a state of equilibrium. It is typified by similar, recurrent problems experienced by a person or family. There are usually no clearly hazardous events or threatening stressors. Instead there are longstanding problems with stress management, problem solving, boundaries, conflict management, and lack of concrete or personal resources to promote adaptation. Although problems may be presented as crises, they more likely indicate patterns present in the chaotic equilibrium of the person or family. Consequently, they are not time-limited, but ongoing. Chaos does not resolve itself in four to eight weeks, and rarely do problems lead to more adaptive functioning. Functioning may not deteriorate, either, although it may gradually decline due to the wear and tear of experiencing similar problems over and over again.

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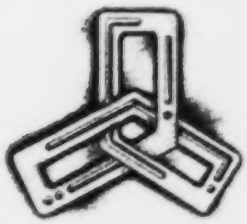

It is important to know the difference between chaos and crisis. If it seems hard to tell the difference, look for a clear precipitant—the hazardous or distressing event. Then look for the equilibrium state before the hazard. Many times members of the triad have experienced chaos. The specific issues generating the crisis should have been identified in assessment and goals developed to address these issues. These goals will be worked toward over time during the period of service intervention. Chaos can be reframed as something already identified—the return of an unwelcome guest. Recurring problems can be anticipated and even predicted. It confirms the accuracy of your assessment with the family, as well as the relevance of the service efforts being offered. Of course, if a new problem appears, it may be time to reassess, set new goals, and develop service agreements to deal with it.

A crisis during service delivery upsets the equilibrium and threatens adaptation.

10. Ask participants to name the kinds of crises they have seen, or expect to see, in the family receiving kinship care services. List these on the flip chart, being careful to refer to the previous flip chart page to point out the elements of crisis in each.

11. Introduce the concept of crisis intervention.

The Chinese pictogram for crisis includes two characters which mean "dangerous opportunity." That is what the triad faces in a time of crisis—a dangerous opportunity. This opportunity may lead to more adaptive functioning, but even that is not the primary goal of crisis intervention. Crisis intervention aims to restore the family to its pre-crisis equilibrium and level of functioning. Since the crisis is time-limited, so, too, is crisis intervention. A crisis is a time for the worker to spring into immediate action and guide the family through the steps of crisis intervention.

12. Refer the participants to Resource V-4-c: **Steps of Crisis Intervention.** Ask participants to read the steps aloud, with different participants reading each step.

13. Refer participants to Resource V-4-d: **Responding to Crisis.** Read aloud each of the case vignettes and ask participants to respond.

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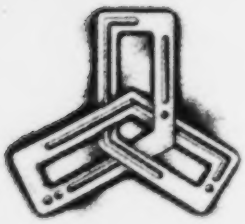

14. Ask for questions, concerns, comments, and thoughts from the participants.

15. Summarize the session.

We all experience crises in life, and the kinship triad is no different. We have discussed typical situations which create crisis. Kinship care may be a response to crisis for some families, and it may precipitate a crisis for others. It is important to distinguish crisis from chaos. Chaos requires longer-term intervention, while crisis intervention is necessarily brief. When the triad experiences crisis, its entry into phases of the crisis state are normal responses to crisis, as yours was at the start of this session. Our job is to respond immediately to the triad in crisis, and use the steps of crisis intervention to return the family to its previous state of equilibrium and means of coping, or to improve family functioning and readiness to deal with any similar future crises.

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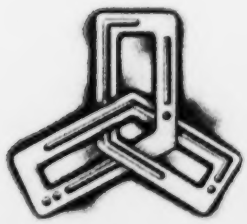

Session 5

Competency The worker is aware of caregiver support groups as an important supportive intervention during kinship care service delivery.

Time 30 minutes

Purpose To provide an overview of caregiver support groups as an important intervention in providing kinship care services.

Objectives Through **Session 5** the worker will be able to:

- describe the importance of caregiver support groups
- list some benefits caregivers derive from participating in caregiver support groups
- explain how to form a caregiver support group

Materials Flip chart and easel

Multicolored markers

Snacks and goodies in bowls, bags, or baskets

Juice or soda, ice, and cups

Resource V-1-a: **Module V Competencies and Objectives**

Resource V-5-a: **The Function of Kinship Care Support Groups**

Transparencies as needed by trainer

Note: If possible set up the chairs (or chairs and tables) in a circle and have light refreshments (juice and bowls of snacks) available.

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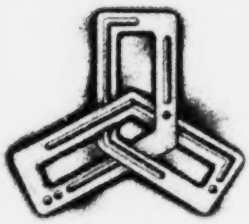

1. **Refer participants** to Resource V-1-a: **Module V Competencies and Objectives.** Review the competency and objectives for Session 5.

   This is the last session in the module about intervening with the kinship care triad. In this session, the importance of support groups for the kinship caregiver is introduced.

2. **Introduce the rationale** for using caregiver support groups.

   In discussing the underlying assumptions of the kinship care service delivery model, the focus was on the triad in interaction with various systems: family, church, agency, school, etc. However, the needs of caregivers are often overlooked because they are viewed as helpers. Caregivers have repeatedly told workers about the devastation and disappointment they feel when suddenly faced with caring for their relative children. They may feel obligated and guilty about the situation, with no support in their pain. Many grandparents and other kinship caregivers are financially unprepared to provide for the care of children. They have had to rely on public benefits to support their kin.

   A support group is a self-help group of individuals who share a common condition, experience, or problematic situation. Together, they seek to help each other enhance their coping capacities. Those who find themselves unexpectedly caring for relative children can benefit tremendously from support groups. Developing support groups through churches, neighborhood centers, and other community-based programs is an excellent way to provide services to caregivers.

3. **Present information** about a model program that has demonstrated the effectiveness of relative support groups.

   In Philadelphia, a model program has demonstrated the effectiveness of relative support groups. ROC—Raising Others' Children—has been around since 1992. According to Sandra Campbell, its founder and director, they still do not have enough of these groups to serve all the caregivers in Philadelphia. As a part of the service delivery model, support groups can be a wonderful way of helping relatives help themselves. They can also provide information (training) in a way that is not offensive to individuals who have spent a lifetime parenting. Topics which may be helpful for such groups

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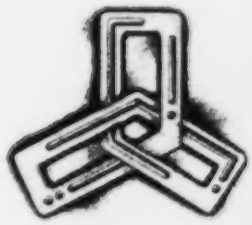

include the Role of the Agency, the Impact of Alcohol and Drugs on Parenting, Special Needs Children, Family Meetings, Family Rituals, Nonphysical Discipline Techniques, Tantrum Management, Teenagers Today, Signs and Effects of Sexual Abuse, Behavior Problems as Symptoms, etc.

4. **Refer participants** to Resource V-5-a: **The Function of Kinship Care Support Groups,** and encourage a discussion of functions that might be viewed as most helpful.

> Look over the different ways a caregiver support group can function. If you were a kinship caregiver, which of these functions do you think you would find most helpful?

5. **Discuss how participants** can get kinship care families involved in support groups.

> There are often kinship care groups that run in the community. Senior centers, churches, and community organizations have recognized the issue of relative caregiving. Many offer services to support kinship caregivers. You may search out these services in your community. These services do not have a social service focus, as they are not geared toward relatives involved with child welfare. However, they do address the important issues of support that are germane to all kinship caregivers.

6. **Ask participants** to discuss the feasibility of instituting such support groups at their agencies. Reframe obstacles as challenges and see if the group can dream of a world where support groups for caregivers can happen. This is not a time to plan but to dream of possibilities.

7. **Ask for questions,** concerns, comments, or thoughts about caregiver support groups.

8. **Summarize** Module V.

> We have covered a lot of ground in this module. We looked at three types of roles: case manager, caseworker, and the change agent. For each type, we developed a bag of tricks—our "magical interventions"—which can be used to help families work toward their goals. We compared and contrasted crises with chaos, and talked about how to conduct crisis intervention. One final supportive intervention we looked at were caregiver support groups.

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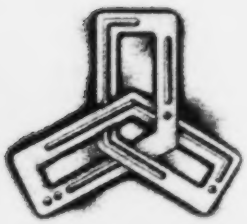

Children in kinship care are receiving a special gift from their families—the opportunity to live with familiar loved ones during a time of need. Our involvement builds a partnership with these families. We use our professional skills to support the family supporting the child. Our interventions are rooted in our assessment and identification of goals. All interventions are designed to help the family move toward its goals. When the goals are accomplished, our work here is done.

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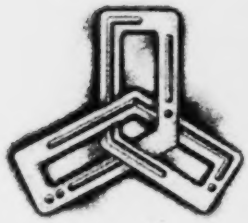

Notes

1. J.D. Berrick, R.P. Barth, B. Needell, A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. (*Children & Youth Services Review,* 1994, Vol. 16, No. 1–2), pp. 33–63.

2. *Kinship care: A natural bridge.* (Washington, DC: Child Welfare League of America, 1994), p. 50.

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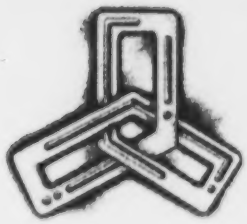

MODULE V

PARTICIPANT RESOURCES

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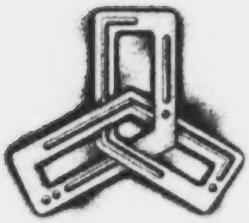

Module V

Resource V-1-a

Competencies and Objectives

Session 1

Competency

The worker knows that the service plan is based on the family triad assessment.

Objectives Through **Session 1** the worker will be able to:

- explain the purpose of intervention in kinship care situations
- explain why the assessment of the family triad is used as a basis for service planning
- describe possible problems or issues that might be identified in the triad family assessment that would indicate a need for intervention

Session 2

Competency

The worker is aware of the wide variety of roles he/she may need to play when intervening with the triad during kinship care service delivery.

Objectives Through **Session 2** the worker will be able to:

- define three major types of roles in kinship care service delivery
- describe the importance of each major role type
- identify the roles he/she is most likely to assume when delivering kinship care services

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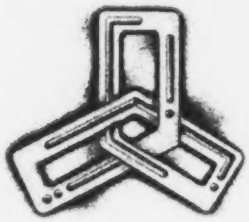

Session 3

Competency

The worker understands how to use the service plan as a tool in working with the kinship care family toward better meeting the child's needs.

Objectives Through **Session 3** the worker will be able to:

- explain how the plan can be used to help the family
- understand and commit to the child's permanency goal
- describe how tasks are developed in the service plan to meet a need identified in the triad family assessment
- demonstrate how to use the plan as a tool with the kinship care family to better meet the child's needs

Session 4

Competency

The worker knows how to apply principles of crisis intervention to the triad when crises arise during kinship care service delivery.

Objectives Through **Session 4** the worker will be able to:

- define "crisis"
- list the phases of the crisis state
- contrast crisis with chaos
- list the steps involved in crisis intervention
- describe the primary goal of crisis intervention
- know how to apply crisis intervention to anticipated crisis situations with kinship care triads

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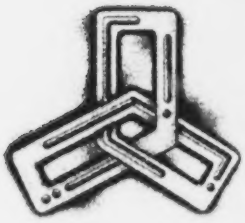

Module V

Resource V-1-a

Page 3

Session 5

Competency

The worker is aware of caregiver support groups as an important supportive intervention during kinship care service delivery.

Objectives Through **Session 5** the worker will be able to:

- describe the importance of caregiver support groups
- list some benefits caregivers derive from participating in caregiver support groups
- explain how to form a caregiver support group

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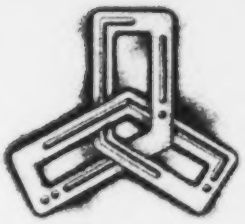

Types of Roles

Case Manager

- embraces the strengths perspective
- works in collaboration with client
- advocates for client
- seeks to empower client
- coordinates and manages service delivery

Case management process:

- engaging
- assessing
- service planning
- referring or linking the client to appropriate services
- monitoring

Caseworker

- uses resources to facilitate the client's adjustment to social living
- helps the client understand his/her needs and possibilities

Casework process:

- assessing and identifying problems
- identifying goals and developing a service plan
- providing services
- evaluating outcomes
- modifying service provisions based on outcomes and feedback

Change Agent

- may use components of case manager or caseworker roles
- uses professional skills to help guide the client in the change process
- uses theory-based interventions to bring about change

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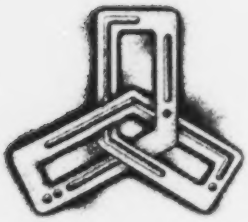

Module V

Resource V-3-a

Meeting the Child's Needs through Service Planning

Case A

Shelly (4) and Jamie (2) went to live with their maternal aunt, Auntie Jill, age 21, eight weeks ago. Their mother, Susie, age 20, abandoned them at a homeless shelter. She has not been seen since, although she sent a postcard from California. The girls' father has returned to Puerto Rico and indicates no interest in the children. The permanent plan at this time is return to mother, but this may not be likely.

The assessment indicated that Shelly has had tremendous difficulty understanding what has happened. She cries for her mother nightly and Auntie Jill keeps telling her that her mother will be back any day. The assessment identified that Jamie was born drug exposed, and is having a variety of neurological problems that require monthly follow-up, early intervention services, and physical therapy. Jill is stating she feels overwhelmed at Jamie's needs. Early intervention offers support groups, but Jill feels too exhausted to attend and has no one to watch Shelly.

Jill currently lives in a garage apartment behind her boyfriend's house, and her only money comes from the agency's support of the two girls, because she had to quit her job at a grocery store to care for them. Jill is angry at her sister for "dumping these kids on me," but is also proud of how well they have stabilized in her home.

For the service plan meeting Auntie Jill and her boyfriend Pedro have agreed to meet with the worker.

Identify and negotiate tasks that would connect the children to needed services, and identify and negotiate tasks that would help the kinship family meet the children's needs more completely.

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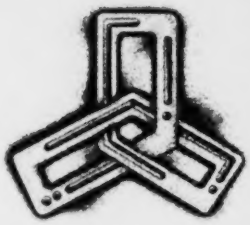

Case B

Rachel D. and her husband Daniel, along with their daughter Rawanda, have been caring for five grandchildren (ages 3-12) off and on for many years. Their son Danny and his wife Josefa both have dual diagnoses of substance abuse problems and major depression. Both are in and out of hospitals, and have never really assumed the care of the children.

Six weeks ago Josefa was released from the hospital without Ms. D.'s knowledge. She came to the home and took the two younger children who were home with the baby sitter. Josefa had no place to take the children and was found later that night wandering up the city railroad tracks carrying both children. It was below freezing, the children were not appropriately clothed, and they were crying hysterically for Rachel. Rachel has had no experience with social services and feels embarrassed. However, she admitted during the assessment that she is afraid of Josefa, and she knows her son Danny will always stick with Josefa, no matter what.

Josefa and Danny have continued to come to Rachel's home since the incident—they seem to blame her for social service involvement, although she did not file the report. Rachel was not honest with the worker during the assessment about this problem. She kept telling the worker that everything was fine. However, all five children expressed their concerns.

For the service planning meeting, Rachel, Daniel, and Rawanda have agreed to meet with the worker.

Identify and negotiate tasks that would meet the agency's expectations around visits and communication with the agency.

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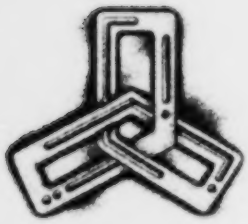

Phases of the Crisis State

Impact Shock Phase

- rise in tension in response to the shocking impact of stress
- usual coping strategies are activated
- emergency problem-solving mechanisms develop
- strategies lead to various outcomes:
  - — problem resolution
  - — redefinition of problem to enhance need satisfaction
  - — avoid problem by changing needs or resigning self to situation

Recoil Phase

- resolution of conflict
- escalating tension
- breakdown of coping skills and emergency mechanisms
- confusion, anger, helplessness, and hopelessness

Post-Traumatic Phase

- experimentation with new coping tactics resulting in:
  - — regaining adaptive equilibrium and possibly attaining higher level of functioning
  - — maladaptation resulting in emotional problems and behavioral dysfunction

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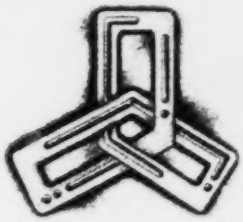

Major Life Transitions for Adults

- separation from parents
- school/work/career choices and changes
- establishing or terminating committed personal relationships: marriage, partnerships, etc.
- developmental changes in family relationships: adult relating to parents, adult children leaving the family nest, etc.
- acquisition of new roles: parent, grandparent, caregiver, senior citizen, etc.
- changing roles in the community: employee, supervisor, retiree, etc.
- losses: death of a parent, child, spouse, debilitating illness or injury

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Steps of Crisis Intervention

1. Establish communication:
   - treat people with respect
   - approach the situation with confidence
   - monitor anxiety to keep it at a reasonable level
   - allow ventilation
   - don't criticize or judge
   - use a teamwork attitude
   - give something immediately—a name, phone number, a list of next steps, etc.
2. Identify the situation as a crisis:
   - identify precipitating stressor(s)
   - identify attempts to cope
   - identify resources and strengths which relate to the crisis
   - outline sequence of events
3. Define problems and needs.
4. Mobilize the system, including appropriate extended family members:
   - activate resources inside and outside the triad
   - formulate short-term and intermediate crisis-related goals
   - structure and assign tasks, **making the first task one at which the client can succeed**
   - tie the support network into tasks if at all possible
   - use anticipatory planning—try to guess future alternatives and develop specific strategies for dealing with each one

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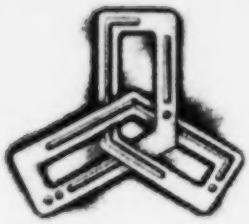

5. Reach closure:
   - review prior state of equilibrium and precipitating hazards
   - review movement through the crisis states
   - review performance on tasks
   - identify current state of equilibrium
   - review what people have learned
   - do additional anticipatory planning
   - plan and carry out follow-up

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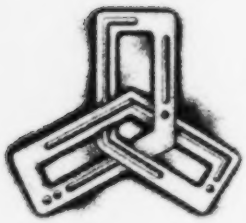

Module V

Resource V-4-d

Responding to Crisis

Auntie Jill calls to inform you that Pedro has thrown her out of the garage apartment and she has no place to go. Pedro is in the background yelling that she is "a liar." Jill is crying hysterically, saying she doesn't know what she is going to do. Pedro grabs the phone and tells you that it is not true, he only said that she would need to think about moving at some point. Jill grabs the phone, tells you to come get the kids as she had already missed two appointments, and slams the phone down.

(a) Is this a crisis? What makes it a crisis? Is it a crisis for everyone?

(b) If it is a crisis, what phase of the crisis state is this, and what behavior are you observing that would make you think that?

(c) What is your immediate response upon hearing the phone click?

(d) Referring to your steps in crisis intervention, what would be your next steps?

Ms. E. has been managing well over the past months. She has been attending a support group for other kinship grandmothers. The extended family meeting was effective in getting her some needed support. However, she has been upset because Mary has begun to call the house demanding to see the children, and accusing Ms. E. of trying to "steal them" away and "turn them against their mother." Ms. E. responded by telling Mary to call the agency worker to request visits again. Mary never called. On Sunday evening, Mary showed up at the home drunk. It was Lia's birthday. Ms. E. persuaded Mary to leave.

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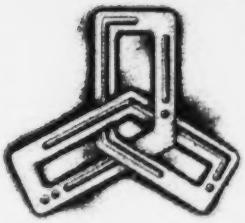

The Function of Kinship Care Support Groups

- sharing information
- exchanging ideas
- establishing norms of behavior
- developing universal perspective (all-in-the-same-boat phenomenon)
- mutual support
- mutual demand
- individual and collective problem-solving
- rehearsal
- strength-in-number phenomenon

L. Shulman, *The skills of helping individuals, families, and groups.* (Itasca, IL: F.E. Peacock Publishers, Inc., 1992).

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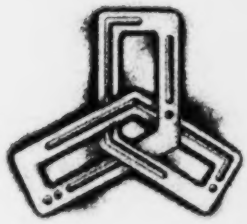

MODULE VI

CULTURALLY COMPETENT KINSHIP CARE

Rationale **Workers need to be aware of the impact of cultural and ethnic differences on clients' readiness and capacity for utilizing kinship care services.**

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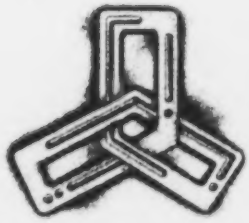

Session 1

Competency

The worker is aware of the need to take client cultural and ethnic experiences into account when preparing to deliver kinship care services to a specific triad.

Time 1 hour

Purpose To provide an overview of issues related to the delivery of kinship care services from a culturally competent perspective.

Objectives Through **Session 1** the worker will be able to:

- define cultural awareness
- describe one's own experience with informal kinship care
- describe the importance of cultural awareness in providing kinship care services

Materials Flip chart and markers

Overhead projector and screen

Prepared name tent on which trainer has written his/her ethnic identification and personal experience with kinship care

Resource VI-1-a: **Module VI Competencies and Objectives**

Resource VI-1-b: **The Meaning of Culture**

Resource VI-1-c: **Cultural Diversity Demographics**

Resource VI-1-d: **Fundamentals of Cultural Awareness**

Resource VI-1-e: **Essential Elements of Cultural Competence**

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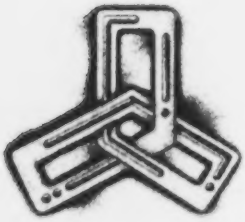

Transparencies for above resources as needed by trainer

1. **Refer participants** to Resource VI-1-a: **Module VI Competencies and Objectives.** State the purpose and review the objectives of Session 1.

> As we noted in the first module, children of color have continued to be overrepresented in the child welfare system, in out-of-home placement, and they are also the majority of children in kinship care. Workers need to be aware of the impact of cultural and ethnic differences on clients' readiness and capacity for utilizing kinship care services. In this first session, an overview of issues related to the delivery of kinship care services from a culturally competent perspective will be presented.

2. **Ask participants** to note on their name tents the cultural/ethnic group with which they identify, and any significant experiences they have had in terms of providing child care to kin members, such as day care, respite care, babysitting, substitute caregiving, etc. Note that the experience can relate to their birth family or their current family.

3. **Show your name tent** to the group. Briefly share what your cultural and ethnic identity is, and any experiences that you have had in your birth family or in your current family providing child care to kin. Ask for volunteers to share briefly. Note any patterns that may be related to membership in specific cultural or ethnic groups.

4. **Introduce the following exercise,** adapted from *Double Abuse, Assessment, Intervention, Collaboration,* by Ronald E. Zuskin.[1]

> Through the name tent exercise, we have seen how culture may be related to patterns of kinship care among different cultural or ethnic groups. I want you to take a blank piece of paper and quickly write down the first thing that comes into your mind when you hear me say the following four words. Don't think about it, just write the first thing that occurs to you.

5. **State the following words,** one at a time, giving people just enough opportunity to finish writing. Don't allow people to deliberate. The correct response is the initial association people make to each word.

- a fruit

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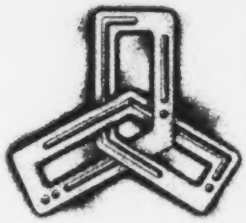

- a color
- a tool
- furniture

6. **When the participants** have written their responses to each word, tell them you are going to demonstrate your mindreading capacity. Go to the flip chart and write the first word in large letters, and the second two in smaller letters alongside the first.

Apple banana orange

Ask the group for a show of hands: first, how many wrote "apple," then "banana," then "orange." Finally, ask for those who had any one of the three (all the individual groups combined) to raise their hands at once. Ask what other types of fruit people may have named. The majority may respond with "apple," but invariably the vast majority will respond with one of the three. Make note of any others named as representing diversity in selection. Complete the process for each of the words. In response to "a color," write:

Red yellow green

In response to "a tool," write:

Hammer wrench screwdriver

In response to "furniture," write:

Chair table sofa

7. **Ask the group** how you were able to read their minds successfully. The replies need to indicate the following:

We are all members of the same broad American culture. As such, we have many experiences in common.

8. **Refer the participants** to Resource VI-1-b: **The Meaning of Culture.**

On Resource VI-1-b, you will see a definition of culture. Culture can be defined as "the system of meanings and values that shape individual behavior." To a large extent, our membership in the American culture helped to shape your associations to my words.

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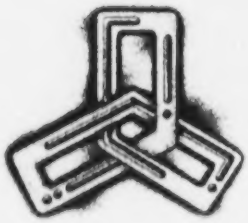

But this system of meanings and values goes much deeper than shaping those responses.

Sociologists have identified two types of manifestations of culture. "Objective culture" refers to "observable behaviors or artifacts which can be identified by persons within or outside of a given culture." Artifacts and behaviors are usually easy to identify, whether one is a member of a particular culture or not. We can find cultural artifacts not only in museums, but in our observations of day-to-day life.

9. **Note that examples** of objective culture within their own communities may include clothing, food, hair styles, churches, neighborhood gathering places, and civic organizations. Ask for examples of observable parenting artifacts and behaviors.

10. **Define** "subjective culture."

"Subjective culture" refers to internalized feelings, attitudes, opinions, and assumptions held by members of a group. Unlike objective culture, it may be difficult for someone outside of a culture to infer the contents of subjective culture. We can see behaviors and artifacts, but we all tend to interpret their meaning in ethnocentric terms. That is, we use our own subjective cultural frame of reference to interpret cross-cultural meaning. This is especially true when we think of differences in cultural groups regarding the informal use of kinship care. Some groups value the nuclear family and experience caregiving by kin as a problem in the system.

Members of a cultural group tend to be more like one another than like members of other cultural groups. This concept is called "diversity," and refers to differences between groups. However, it is impossible to generalize elements of culture to all members of a cultural group. When we think of our own cultural or ethnic group, we know that there are considerable differences among members of our group. The concept used to describe this variation or differences *within* a cultural or ethnic group is "variety."

Our experience of American culture generates many commonalities, as we could see in our exercise. However, effective practice in kinship care requires us to be keenly aware of and sensitized to diversity between groups and variety within groups, especially

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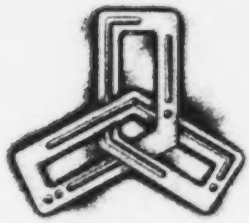

regarding the values, attitudes, feelings, beliefs, and behaviors our clients' reference groups hold regarding kinship care.

11. Refer participants to Resource VI-1-c: **Cultural Diversity Demographics.**

This chart uses information from the most recent census to break down the population of the United States along certain racial, cultural, and ethnic lines. Although some of the relative percentages may be small, the numbers of members making up each group are large. Given what we've been discussing about cultural diversity, especially as it relates to kinship care, what do you think are the implications of this information?

Possible responses include:

- the need to be cautious that values of the majority group regarding relative placement are not superimposed on all groups
- the need to appreciate diverse approaches to informal kinship care already existing among those groups represented
- the need to gain specific information about cultural groups with whom the professional interacts
- the need to appreciate and gain information about variety within groups, for example variety within the group identified as "Hispanic origin"

12. Refer participants to Resource VI-1-d: **Fundamentals of Cultural Awareness.**

A worker cannot be culturally competent without first being culturally aware. Your thinking about the different groups identified in our last census points to the importance of cultural awareness.

Cultural awareness begins with **awareness of difference.** It is important to observe and accept a wide variety of difference. Our behaviors, attitudes, opinions, and values are all shaped by our experience within our culture. Definitions of right and wrong, appropriate and inappropriate behaviors, and particularly of the value of kinship care may differ significantly from group to group.

Awareness of self is a fundamental building block of cultural

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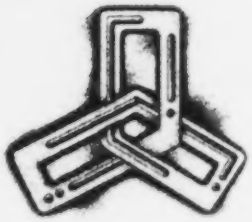

awareness. We become aware by identifying and accepting the way our cultural experiences have affected our own behavior and values.

Awareness of the **dynamics of difference** reminds us that culture is not static, but seen most clearly in action. Culture affects communication, relationships, interaction, and meaning-making at all times.

Whenever we work with a specific family, it is important to have **knowledge of the family's culture.** To avoid the potential distortions created by ethnocentricity, it is important to be able to see and accept the family on its own terms, within its own cultural context.

Finally, we must learn the **adaptation of skills** which comprise our typical practice. One size definitely does not fit all when it comes to delivering services to families and children in different cultural groups.

13. **Introduce the concept** of cultural competence.

Cultural competence refers to the ability to function proficiently across cultures.

14. **Refer participants** to Resource VI-1-e: **Essential Elements of Cultural Competence.**

The elements of cultural competence build on cultural awareness. Cultural competence involves putting cultural awareness into action.

The culturally competent worker **values diversity.** This is expressed in work with families and children, as well as with other colleagues.

The culturally competent worker practices **cultural self-assessment.** This is never a "once-and-for-all" or an "all-at-once" process. Cultural self-assessment begins with an examination of one's acculturation and a review of one's experiences with different groups, and what one was told about members of different groups. It takes self-scrutiny to be aware of one's own prejudice toward or ignorance of members of different groups, but this begins the journey toward cultural competence. The journey doesn't

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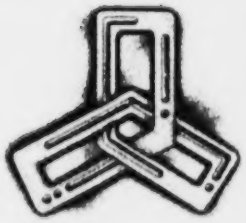

end there, though. We need to review constantly how our own experiences affect how we perceive and behave toward those who are different from us.

The culturally competent worker is **conscious of dynamics during cross-cultural interaction.** The worker needs to think about and evaluate behavior and attitudes involved in even small transactions, like staring at another person, distance between people in transaction, tone of voice, communication patterns, volume of speech, physical contact, and appropriate self-disclosure. These are just some examples of transactions which can have enormous impact, but go unnoticed if a worker is not culturally sensitive.

The culturally competent worker will **institutionalize cultural knowledge.** That is, it is important to make cultural competence a part of organizational life. It is important to influence policies, procedures, and attitudes of those in the organization to broadly promote cultural competence.

The culturally competent worker will **develop practice adaptations to diversity.** To do this we must rethink our standard approaches to service delivery. In kinship care, this means intervening to support the family's capacity to care for children who cannot live with their parents. Such support includes understanding and valuing the family's feelings about the need for kinship care, and working to provide necessary services with the least amount of intrusiveness possible.

15. **Ask if there are any questions,** comments, concerns, or thoughts people may have about culture and the importance of cultural competence.

16. **Summarize** Session 1.

During this session, we have defined culture and taken a look at how cultural diversity and variety are related to kinship care services. In our next session, we will review some information about specific cultural groups and their use of kinship care services.

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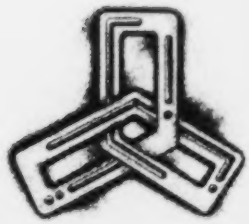

Session 2

Competency

The worker is aware of kin relationships and how these are perceived in a variety of different cultures.

Time 1 hour

Purpose To provide a broad definition of family and kin relations, and to explore how kin relationships function in different cultural groups.

Objectives Through **Session 2** the worker will be able to:

- define "family"
- identify a wide variety of kin and "fictive kin" relationships
- describe kin relationships among a variety of different cultural groups

Materials

Flip chart and markers

Overhead projector and screen

Resource VI-1-a: **Module VI Competencies and Objectives**

Resource VI-2-a: **Kin Bingo**

Resource VI-2-b: **American Indians**

Resource VI-2-c: **African Americans**

Resource VI-2-d: **Asian Americans**

Resource VI-2-e: **Hispanic/Latino Americans**

A small prize for the winner of Kin Bingo

Transparencies as determined by trainer

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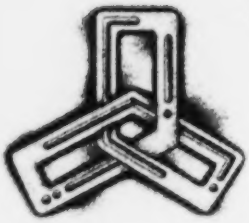

1. **Refer participants** to Resource VI-1-a: **Module VI Competencies and Objectives.** Review the competency and objectives for Session 2.

We are continuing to look at delivering culturally competent services to the kinship triad. In this session we will look at kin relationships and caretaking within a variety of different cultures.

2. **Ask the participants** for their definition of "family." List their responses on the flip chart.

> **Note:** There may be a variety of responses, from nuclear family, to legal definitions requiring blood/marital/legal ties, to the requirement for two or more generations, to requirements to live together, etc. What is important here is to elicit as many definitions as possible. These definitions will reveal the sense of kin relationships experienced by the participants.

3. **Introduce a broad definition** of family.

For the purpose of kinship care service delivery, it is important to think of family and kinship networks in the broadest sense. Pecora, Whittaker, and Maluccio, in their book *The Child Welfare Challenge: Policy, Practice, and Research,* define family as "two or more people in a committed relationship from which they derive a sense of identity as family."[2] This definition allows us to see that if people feel that they are in a familial relationship with one another, they are. Kinship bonds can include members of the nuclear family, the extended family, those related by blood, marriage, or adoption, as well as "fictive kin"—close friends of the family who may be given kinship names, such as "play sisters and brothers," "aunt," "uncle," "godmother," or "godfather." In many minority cultures there is little or no distinction between these kinship bonds and blood ties.

4. **Refer participants** to Resource VI-2-a: **Kin Bingo,** and introduce the exercise.

Many of you may be in a variety of kinship roles. This exercise gives you a chance to learn about some of the roles played by your colleagues. You can see different kinship roles on your "Kin Bingo" card. Your task is to get other participants who are in certain roles to initial the square that describes one of their kin

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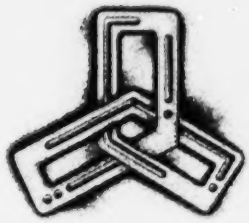

relationships. Each participant can only initial a sheet one time. When you get BINGO, down, across, or diagonally, bring your sheet to me. Ready? Begin!

5. **Give the winner** a small prize and summarize the exercise.

   This exercise was a fun way for you to see a variety of kinship roles that folks in this room have played. We have a lot of kinship experience, and a lot of differing kinship experiences right in this room.

6. **Ask the participants** what different cultural and ethnic groups receive services in their locales. List these on the flip chart.

7. **Introduce the importance** of recognizing the broad spectrum of kin relationships among different cultural groups.

   Each of us assumes a variety of kinship roles, and so do all the individuals with whom we work. Additionally, when these individuals are members of different cultures, these same kinship roles may have a different meaning to them. The child welfare system has been struggling to understand and support natural childrearing systems of care in many cultural groups. Minority children and children of color are overrepresented in the child welfare population. They account for over 90% of the kinship care population. Additionally, poor economic conditions and limited opportunities may also challenge relatives who, themselves, may receive public assistance. Some policymakers question placing children with relatives for these reasons.

8. **Briefly describe** the historical responses of the child welfare system to kinship care.

   In the introductory module, we noted how child welfare professionals must confront their difficulty in understanding cultural traditions that are contrary to Eurocentric family values. The value and perception of extended family as the primary family unit in minority cultures is different, not better or worse, than the Eurocentric concept of nuclear family.

   Policymakers continue to question the cultural and familial strengths within the extended family system. Therefore, we must examine the kinship bond throughout our history, as well as balance some of the deficit-based interpretations of kinship care which evolved

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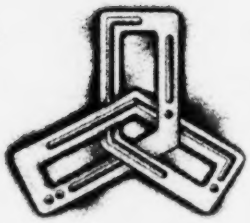

throughout American history. A brief review of the majority culture's response to American Indians and African Americans will give us a sense of that history.

Groups of Alshafaskan tribespeople crossed the Bering Straits to Alaska from Asia long before Columbus was born. They spread across the American continents, forming 150 tribes. Today the Bureau of Indian Affairs recognizes 493 American Indian tribal groups. Cultural practices and family life varied widely among the tribes, but allegiance to the group played an important role in preserving the qualities of all tribal groups. Kinship was broadly defined among tribal members, and the care of children was distributed among adult members of the tribes. Eurocentric perspectives of the centrality of the nuclear family were foreign to the American Indian perspective. In addition to the displacement and resettlement of American Indian tribes, this led to the disruption of their families, and to the unwarranted removal of children from their families and tribes.

9. **Refer participants** to Resource VI-2-b: **American Indians** and review.

10. **Briefly review** the history of the African American family in America.

On the west coast of Africa the primary family unit, both at the time of the slave trade and today, is the extended family. During slavery, relatives and nonrelatives on plantations were responsible for nurturing and supporting children without parents. After our Civil War, former slaves searched to reclaim family members. During Reconstruction, African American families helped one another, which further extended and highlighted kinship bonds.

After World War I, large numbers of African American families migrated to industrial centers in the North and West. Kinship families shared living arrangements and child care. Children were often left in the care of relatives in the South and sent for as parents became established in a new location. World War II increased this trend, adding to the stresses on many families resulting from urban life.

During the years of civil rights struggles, many oppressive obstacles to the social and economic development of the African American

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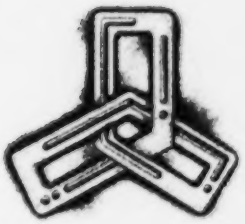

family were removed, and in the last 25 years, the middle-class African American nuclear family emerged. African Americans who could not become a part of this viable, yet fragile, middle class were left to survive in communities disrupted by drugs, crime, and poverty.

African American children are overrepresented in the child welfare system, and among the population of children in out-of-home placement. Many African Americans today face one of the worst crises in their history here on this continent. Formal recognition and support of kinship care builds upon a longstanding tradition and strength of the African American community, and empowers that community to respond to the current crisis.

11. Refer participants to Resource VI-2-c: **African Americans,** and review.

12. Refer participants to Resource VI-2-d: **Asian Americans** and Resource VI-2-e: **Hispanic/Latino Americans,** noting that participants may need to develop a better understanding of their views of family and kinship.

13. Ask for questions, comments, concerns, or thoughts.

14. Summarize this session by noting the difference between diversity and variety.

We can use the concept of **diversity** to recognize the differences between cultural groups regarding their perceptions of family, and the implications this may have for delivering kinship care services. We can also use the concept of **variety** to help us understand that there may be differences in the information presented within each of these groups. The culturally competent practitioner will begin with a general understanding of differences, and work to understand more clearly the meaning of family, kin relations, and kinship care to that specific family.

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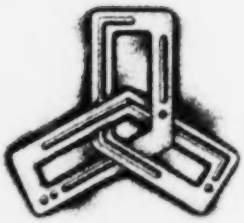

Notes

1. Adapted from R. Zuskin, *Double abuse, assessment, treatment, and collaboration: A trainer's manual and curriculum guide.* (Baltimore, MD: University of Maryland at Baltimore, School of Social Work, 1994).

2. P.J. Pecora, J.K. Whittaker, A.N. Maluccio, *The child welfare challenge: Policy, practice, and research.* (New York: Aldine de Gruyter, 1992).

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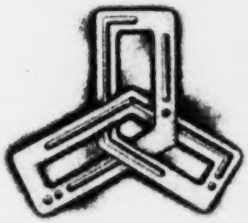

MODULE VI

PARTICIPANT RESOURCES

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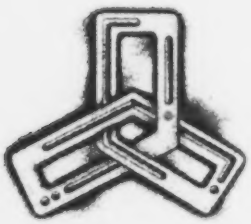


Module VI

Resource VI-1-a

Competencies and Objectives

Session 1

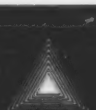
Competency

The worker is aware of the need to take client cultural and ethnic experiences into account when preparing to deliver kinship care services to a specific triad.

Objectives Through **Session 1** the worker will be able to:

- define cultural awareness
- describe one's own experience with informal kinship care
- describe the importance of cultural awareness in providing kinship care services

Session 2



Competency

The worker is aware of kin relationships and how these are perceived in a variety of different cultures.

Objectives Through **Session 2** the worker will be able to:

- define "family"
- identify a wide variety of kin and "fictive kin" relationships
- describe kin relationships among a variety of different cultural groups

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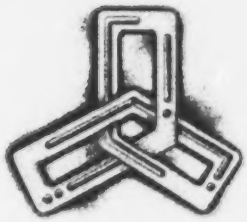

The Meaning of Culture

Culture—the system of meanings and values that shape individual behavior.

Objective Culture—observable behaviors or artifacts which can be identified by persons within or outside of a given culture.

Subjective Culture—internalized feelings, attitudes, opinions, and assumptions held by members of a group.

Diversity—the objective and subjective cultural differences between cultural groups.

Variety—objective and subjective variations within a cultural group.

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Module VI

Resource VI-1-c

Cultural Diversity Demographics

The U.S. population has grown by 13 million persons since the 1990 census. According to some estimates, the population is expected to more than double its 1990 size by the middle of the next century.[1]

Population growth is concentrated among adults in their thirties and forties, and the elderly. The Baby Boomers (persons born from 1946 to 1964) account for 30.3 percent of the total population.

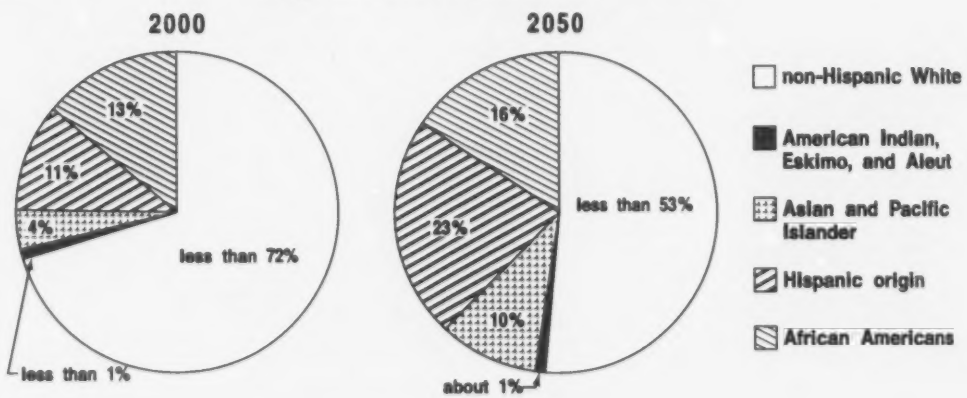
In 1994, immigration accounted for 30% of the total increase in U.S. population.

Growth rates are highest for the Hispanic and for the Asian and Pacific Islander populations.

The U.S. population is becoming more diverse. By the year 2000, the non-Hispanic White proportion of the population is expected to decrease to less than 72 percent. African Americans will account for about 13 percent of the population; persons of Hispanic origin, 11 percent; Asian and Pacific Islanders, 4 percent; and American Indian, Eskimo, and Aleut, less than 1 percent.

By 2050 less than 53 percent would be non-Hispanic White; 16 percent would be Black; 23 percent would be Hispanic origin; 10 percent would be Asian and Pacific Islander; and about 1 percent would be American Indian, Eskimo, and Aleut.[2]

Projected U.S. Population Diversity



1. www.census.gov/population/www/pop-profile/highlgt.html (1999, online).
2. www.census.gov/population/www/pop-profile/natproj.html (1999, online).

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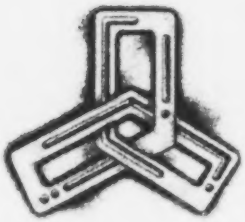

Fundamentals of Cultural Awareness

Awareness of Difference

Observing and accepting a wide variety of differences

Awareness of Self

Identifying and accepting the influence of culture on one's own behavior and values

Dynamics of Difference

Understanding the impact of cultural differences on communication, relationship, and interaction with children and families

Knowledge of the Family's Culture

Viewing behavior of children and families in their own cultural context

Adaptation of Skills

Selecting culturally appropriate intervention techniques with children and families

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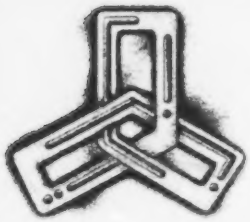

Module VI

Resource VI-1-e

Essential Elements of Cultural Competence

The culturally competent worker **values diversity.**

The culturally competent worker practices **cultural self-assessment.**

The culturally competent worker is **conscious of dynamics during cross-cultural interaction.**

The culturally competent worker will **institutionalize cultural knowledge.**

The culturally competent worker will **develop practice adaptations to diversity.**

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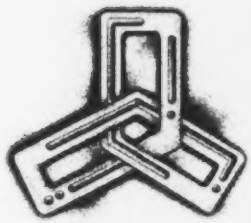

Kin Bingo

Aunt	Stepson	Half-Brother	Niece	Stepfather
Brother	Uncle	Great Aunt	Mother	Godfather
Nephew	Step-Grandfather	An Inhabitant Of Earth	Sister	Cousin
Goddaughter	Grandmother	Half-Sister	Stepmother	Great Uncle
Play-Sister	Godmother	Godson	Father	Stepdaughter

Adapted from R. Zuskin, *Double abuse, assessment, treatment, and collaboration: A trainer's manual and curriculum guide.* (Baltimore, MD: University of Maryland at Baltimore, School of Social Work, 1994).

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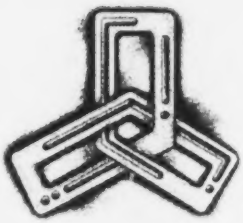

Module VI

Resource VI-2-b

American Indians

American Indians

- The tribal concept gives power to the elders, who are the leaders.
- Children are the responsibility of the tribe.
- The extended family is respected, and wisdom comes from the ancestors to the elders.
- Multigenerational childrearing with cousins and siblings is the norm.

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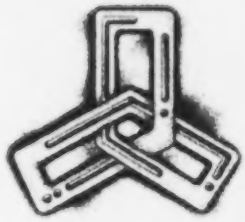

African Americans

African Americans

- Extended family and kinship network and bond are very important.
- It is important to involve extended family in treatment.
- Family members are counted on for moral support, financial support, and help during crises.
- Family members may not be blood relatives.
- Roles within the family are flexible.

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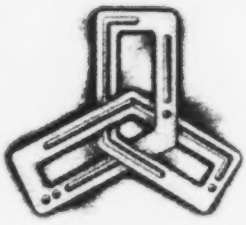

Asian Americans

Asian Americans

- Basic family unit includes extended family, and three to four generations often live together.
- It is important to involve extended family in treatment planning.
- The individual is primarily a member of the family and is expected to submerge his/her own feelings in order to further the welfare of the family.
- It is important to address the senior male first in a family group; bowing the head conveys respect to the elders.

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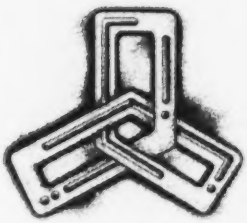

Hispanic/Latino Americans

Hispanic/Latino Americans

- The compadrazzo (close friends adopted as godparents) is a valued institution.
- Function and responsibility includes: financial and emotional support, care for the elderly, care and protection of the children.
- Male and female roles differ.
- Elderly are well-respected and provide care and help in childrearing.

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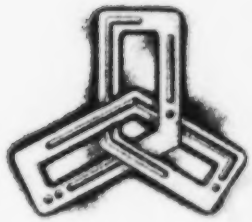

MODULE VII

TERMINATING SERVICES IN KINSHIP CARE

Rationale **Workers need to understand each of the possible outcomes for kinship care services, and be prepared to facilitate the triad's termination from service depending on the nature of the permanency outcome achieved for the child.**

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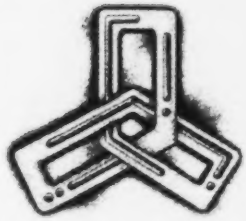
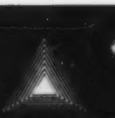


Module VII

Terminating Services in Kinship Care



Competency

The worker can use various possible permanency outcomes for children to develop different termination strategies for kinship care services.

Time 2 hours

Purpose To identify various possible outcomes of kinship care services and use these to develop different termination strategies for each one.

Objectives Through this **Module** the worker will be able to:

- list the possible outcomes for kinship care services
- identify the outcomes that include permanence for the child within the triad family system
- identify different issues pertinent to terminating formal kinship care services for each possible permanency outcome
- explain the worker's role in each possible permanency outcome for children within the kinship family system
- identify ways to work with the kinship triad to promote connections and continuity even when a permanent goal has not been achieved

Materials Flip chart and markers

Overhead projector and screen

Resource VII-1-a: **Module VII Competency and Objectives**

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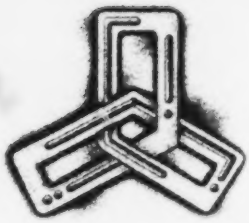

Resource VII-1-b: **General Steps for Ending with the Triad**

Resource VII-1-c: **Strategies for Termination Based on Permanency Outcome**

Resource VII-1-d: **Action Plan**

Transparencies as determined by trainer

1. **Refer participants** to Resource VII-1-a: **Module VII Competency and Objectives,** and introduce the session.

   One of the goals in working with the kinship triad is to move toward closing the case. In this session we will be looking at the situations in which cases close, and the tasks of the worker in terminating services to the kinship triad.

2. **Ask the participants** whether any of them have reached this point in delivering services to a kinship care family. Ask participants to share their experience. If no one has had this experience, ask about their experiences terminating cases where children were in family foster care. Encourage a range of responses, noting that cases terminate with all different types of permanency plans in place, and that certain tasks need to take place in the process of termination.

3. **Summarize the group's experiences** by pointing out major themes. These may include:

   - sometimes termination is planned and represents a positive outcome for members of the triad
   - sometimes termination is not planned: court orders, sudden changes, or the failure of the triad to work together on behalf of the child may lead to unplanned termination
   - regardless of the situation, termination represents certain challenges to the kinship triad and to the agency charged with assisting the family through termination
   - the manner in which the triad, and you, react to termination will be affected by whether or not a good permanent plan was established for the child

4. **Discuss permanency planning** outcomes and their impact on termination.

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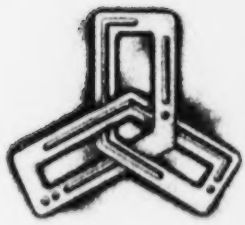

In the session on permanency planning, we talked about the importance of children having a sense of connections and continuity. We noted the importance of planning for permanence from the very start. In fact, all of our work with the triad is directed toward establishing the best sense of permanence for the child.

Ideally, cases are closing because a good plan has been established and the triad has worked toward achieving that plan. This does not mean that the plan does not change. In some cases it may. For example, a child whose goal was to return home, may instead remain in kinship care with a guardianship established.

There are four possible successful permanency outcomes that lead to the termination of kinship care services: reunification with the parent, relative adoption, custody and guardianship transferred to a relative, and independent living.

5. **Refer participants** to Resource VII-1-b: **General Steps for Ending with the Triad.** Review and discuss each step with the participants.

Regardless of the permanency outcome, there are some general steps to follow when ending with the triad. These include:

- discuss the ending process with all members of the triad
- review the service intervention period, and evaluate individual and family goal attainment
- clarify permanence with the triad
- recognize that a successful outcome empowers the family to maintain change and continue growth following termination
- obtain court agreement that the permanent plan has been implemented, and the agency is able to rescind its care and custody of the child
- terminate helping relationships: child, parent, caregiver

6. **Note that termination** with each of the permanency outcomes presents specific challenges to the worker and the triad.

We have seen that several permanency outcomes are possible at the termination of kinship care services. Although there are some general steps to take at termination, each permanency outcome presents specific challenges to the worker and the triad. That is, there are different tasks, services, or interventions that must take

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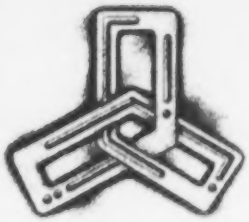

place in order to provide the child the greatest sense of continuity and connections during and after termination.

7. **Ask the group to share** their experiences of termination for each of the possible permanency outcomes. These people will be assigned to different groups in the next exercise. If there are outcomes with which no one has experience, simply note that to the group.

8. **Assign participants** with termination experience involving different outcomes to form the core of four groups—reunification with parent, adoption by kinship family, guardianship or transfer of custody, and independent living. Assign each participant to one of the four groups.

9. **Refer the participants** to Resource VII-1-c: **Strategies for Termination Based on Permanency Outcome** and ask them to answer the three questions. Note that they will be given 15 minutes.

10. **Monitor the groups' work.** Announce when half the allotted time is gone. Tell the groups when 5 minutes and 1 minute are left. Have each group present their findings to the large group.

For the group considering **Reunify with Parent,** findings should include:

Issues:

- assessment of safety and risk regarding child
- parental and child adjustment to return home
- caregiver role
- transfer of behavioral techniques from caregiver to parent
- parental ambivalence regarding child's return home
- revised role of kin caregiver
- ability of kinship family to provide continued safety and protection for child on an ongoing basis
- working through issues of loss that different members of the triad may experience as a result of this permanency outcome

Obstacles:

- child and parent acting-out behaviors

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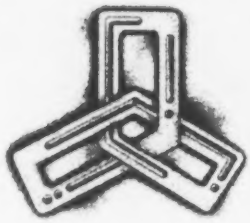

- caregiver continuing in parental role
- inability of triad members to work through grieving process

Worker's role:

- discuss with the family the continued relationship of the kinship caregiver with the children
- clarify the roles of other family members
- identify children's health issues and clarify family responsibility for continuation
- transfer benefits, if appropriate
- discuss day-to-day living arrangements
- confirm availability and acceptance of aftercare services
- assist triad members to deal with feelings of loss

For the group considering **Adoption,** findings should include:

Issues:

- cultural issues that influence worker and family values about adoption
- role of birth parents following the adoption
- new role of kinship caregivers as adoptive parents
- ability of kinship family to provide continued safety and protection for child on an ongoing basis
- working through issues of loss that different members of the triad may experience as a result of this permanency outcome

Obstacles:

- the relative may regard adoption as unnecessary because the children are biologically and emotionally their children (particularly grandparent relatives)
- adoption may cause family conflict
- relatives may feel guilt for legally terminating the rights of the parents
- relatives may continue to hope that the parents will someday

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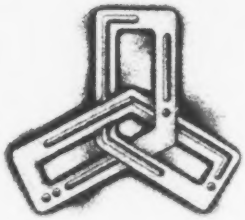

have the capacity to care for the children

- legal process can be adversarial, lengthy, and complicated

Worker's role:

- discuss with triad members realistically the parents' response to intervention and capacity to provide care for children in the foreseeable future
- discuss permanency plan with members of the triad
- initiate termination of parental righ as soon as adoption becomes the permanency plan
- explore the possibility of adoption subsidies
- help triad members deal with feelings of loss
- ensure that triad members can work together toward the child's continued safety and protection without the need of the agency
- make sure triad members know where to get help and assistance in the future, especially on safety issues

For the group considering **Guardianship** or transfer of custody, findings should include:

Issues:

- cultural issues that influence worker and family values about adoption
- long-term role of birth parents
- the possibility of guardianship subsidies
- ability of kinship care family to provide continued safety and protection for the child on an ongoing basis
- working through issues of loss that different members of the triad may experience as a result of this permanency outcome

Obstacles:

- legal issues regarding custody can delay and complicate process
- financial challenges (particularly if guardianship subsidy is not available)

Worker's role:

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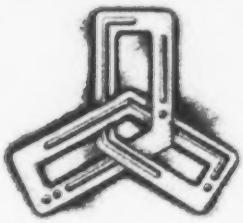

- assist members of the triad through the legal process
- ensure that financial needs are considered
- assist triad members to deal with feelings of loss
- ensure that triad members can work together toward the child's continued safety and protection without the agency's services
- make sure that triad members know where to get help and assistance in the future, especially on safety issues

For the group considering **Independent Living,** findings should include:

Issues:

- whether or not the youth has the skills needed to live independently
- the extent of ongoing connections available to the youth
- how the youth can maintain continuity and understanding of his/her history and family situation

Obstacles:

- life experiences have not promoted connections and continuity, and youth is too immature to succeed at independent living
- life experiences have kept youth from achieving developmental goals
- youth does not possess necessary independent living skills

Worker's role:

- ensure that youth has participated in independent living services
- determine, with the triad, who will provide youth's long term connections and specifically how they will remain available to promote continuity for him/her
- help ensure that youth has financial resources or means to maintain himself/herself in independent living
- make sure that triad members know where to get help and assistance in the future, especially on safety issues

11. Note that there may be a need to terminate kinship services even if a permanent plan has not yet been achieved.

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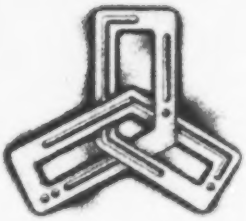

One of the most difficult situations may be when there is a need to terminate, although a good permanent plan has not been achieved. These situations can occur for a number of reasons. Often they are related to major changes—a kinship caregiver may become very ill, or a child's condition may worsen and the child may require continued specialized care. Or, the triad may be unable to work together to meet the child's needs for safety and protection—such as when kinship caregivers feel they can no longer protect the child from the parent's erratic behavior. In some situations, legal issues or the courts may intervene—such as when a judge orders a child returned to the birth family. We are all aware that these sorts of things happen.

12. Explain that termination in these situations presents additional challenges to the worker.

We have already noted many challenges that present themselves in termination. But termination, without the benefit of having achieved a permanent goal for the child, is even more challenging. It may be a sudden decision, it may result from conflicts that are already present in the triad, and it may not be perceived as being in the child's best interest. All of these present the worker with significant challenges.

It can be tempting to minimize the need for termination in these situations. It's easy to think, "There's no time" or "Everyone has enough to worry about already. Let's just get this over with." While understandable, it is clearly not in the child's best interest to avoid termination. In fact, we may need to think about termination in a very different way. Indeed, the kinship triad may no longer have the need for kinship services. But in the interest of maintaining a child's connections and sense of continuity, kin may continue to be involved. Let's look at some specific situations to see how we would continue to build the child's connections and continuity while terminating kinship services.

13. Read the following short scenarios, and ask participants to identify ways that the worker can seek to build the child's connections and continuity during termination, despite the fact that a permanent plan has not been achieved.

Rosa:

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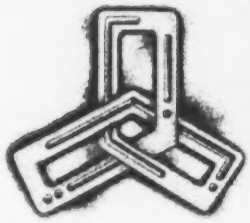

Rosa is five years old. She has lived with her maternal grandparents since she was three years old. She was sexually abused by her mother's husband when she was three. The grandparents did not wish to adopt because they were very afraid of their daughter's husband. Repeatedly, the family has tried to use the authority of the courts and the agency to help the situation, but this has been an ongoing problem. Two weeks ago the mother's husband came to the home with a gun. The police arrived before anyone was injured. However, Rosa witnessed the incident. The grandparents have requested that Rosa be placed immediately with a foster family where she will be safe.

Workers can help promote connections and continuity in the following ways:

- ensure that Rosa has regular visits with the grandparents on an ongoing basis
- help reassure the grandparents that they are acting in their granddaughter's best interest, and stress the importance of their relationship to Rosa
- recruit a foster family who will promote the child's relationship with her grandparents
- ask the grandparents to be involved in Rosa's placement (meet the family, help determine how the move will take place, etc.)
- ensure that Rosa takes pictures and family-related belongings to the foster home
- ask the grandparents for their continued involvement in planning for Rosa

Dane and Brian:

Dane (8) and Brian (6) moved to their grandparent's home 10 months ago, after their mother dropped them there, and did not return for two weeks. Since then their mother has successfully completed a drug treatment program for the third time. She got a job and has a new boyfriend. The judge ordered the children home to their mother, after she presented in court with an attorney who persuasively argued her case. The grandparents do not feel that the boys are ready to return home. They are so upset by the decision that they stated that they do not want to have any-

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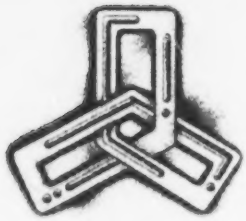

thing to do with the agency or the situation.

Workers can help promote connections and continuity in the following ways:

- assist in moving the children in a planful manner
- encourage the mother to allow visits and phone calls to the grandparents
- allow the grandparents to vent their anger about the situation
- encourage the grandparents to continue contact with the boys on a regular basis, even though it may be difficult for them
- refer the grandparents to a support group, grandparents group, or grieving group

14. **Summarize** the discussion.

As you could see from these examples, terminating kinship care does not necessarily mean terminating all contact with the kinship triad. As other permanent plans are pursued, the members of the kinship triad remain significant to the child in terms of connections and continuity.

15. **Summarize** the session.

In this session, we have looked at terminating kinship services in a variety of different situations. Ideally, we terminate when a permanent plan has been achieved. In your activity, you identified the range of issues to consider and the tasks that best ensure a successful termination depending on the permanent plan. Then we looked at situations that might not be as well-planned, or that don't bring about permanence for the child. In all these situations, we are dealing with significant issues of loss. Addressing these issues with the triad will help the child achieve a greater sense of connection and continuity.

16. **Note that this is the end** of the training, and briefly summarize the experience, noting the number of days the group has been together, significant group issues or amusing incidents that have occurred, and what has or has not been accomplished.

17. **Note that as with all endings** there may be a range of different feelings regarding the training—sad to leave new friends, happy to

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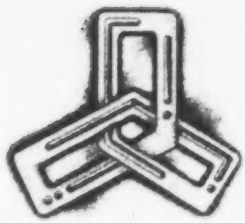

have new skills, and challenged to use new knowledge and skills.

18. Refer participants to Resource VII-1-d: **Action Plan,** and explain the relationship between classroom training and transfer of learning.

> We have all learned a lot here. I hope you do feel challenged to go out and use the knowledge you have gained and the skills you have practiced. In training this is called "transfer of learning"—taking what you learn in the training session and applying it to your actual job. But transfer of learning is not always easy. One thing we know in training is that you will need support in your day-to-day work to use your new knowledge and skills.
>
> In order to encourage your transfer of learning, and help you in obtaining support from your supervisor, I would like for you to fill in the blanks on Resource VII-1-d: **Action Plan.**
>
> Please take this back to your office. Make a copy and give it to your supervisor. Ask to discuss the plan in your next supervisory session.

19. Say good-bye and end the training program.

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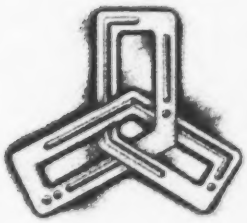

MODULE VII

PARTICIPANT RESOURCES

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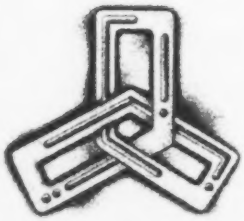

Module VII

Resource VII-1-a

Competency and Objectives

Competency

The worker can use various possible permanency outcomes for children to develop different termination strategies for kinship care services.

Objectives Through this **Module** the worker will be able to:

- list the possible outcomes for kinship care services
- identify the outcomes that include permanence for the child within the triad family system
- identify different issues pertinent to terminating formal kinship care services for each possible permanency outcome
- explain the worker's role in each possible permanency outcome for children within the kinship family system
- identify ways to work with the kinship triad to promote connections and continuity during termination even when a permanent goal has not been achieved

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General Steps for Ending with the Triad

- Discuss the ending process with all members of the triad.
- Review the service intervention period, and evaluate individual and family goal attainment.
- Clarify permanence with the triad.
- Recognize that a successful outcome empowers the family to maintain change and continue growth following termination.
- Obtain court agreement that the permanent plan has been implemented, and the agency is able to rescind its care and custody of the child.
- Terminate the helping relationships: child, parent, caregiver.

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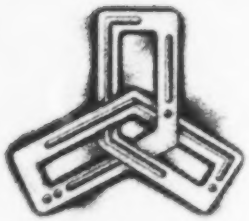

Module VII

Resource VII-1-c

Strategies for Termination Based on Permanency Outcome

1. What are the issues that may need to be addressed when considering this goal?

2. What obstacles might interfere with achieving this goal?

3. What is the worker's role in helping the family to achieve this goal?

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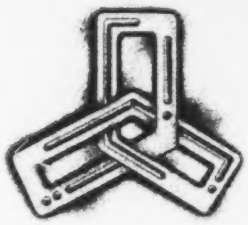

Action Plan

As a result of this training program I would like to:

One step I can take immediately is:

I will need the following help from my supervisor:

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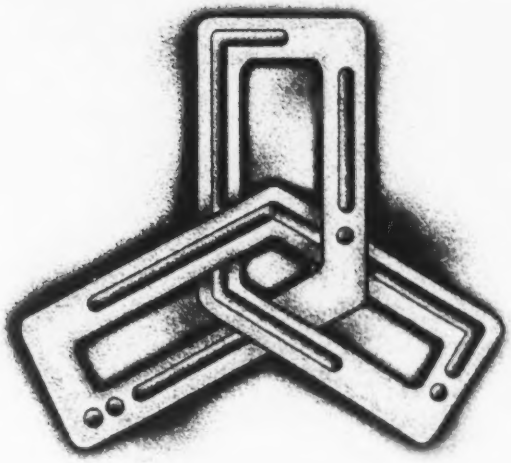
Part Three



Appendix

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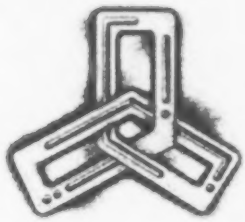

Worker Competencies

Module I: The worker is aware of the growing importance of kinship care in child welfare, including its importance as a tool for family preservation.

Module II: The worker understands a kinship care service delivery model that is time-limited, culturally sensitive, strengths-based, and rooted in family preservation.

Module III: The worker knows the purposes of the assessment process as it applies to kinship care.

The worker knows how to assess the child's need for permanence in kinship care situations.

The worker knows how to assess the individual members of the triad in kinship care situations.

The worker knows how to assess the kinship family triad in kinship care situations.

Module IV: The worker is aware of the importance of extended family, and knows the purpose of the Extended Family Meeting (EFM) process in the context of service delivery in kinship care.

The worker knows the significance of extended family support and understands how to address this with the triad to prepare for the EFM.

The worker knows how to apply information about EFM permission and preparation to a case scenario involving a kinship care triad in need of extended family support.

The worker understands the role of EFM facilitator.

The worker knows how to facilitate an Extended Family Meeting through each step of the process.

The worker can assess and facilitate a role play of an Extended Family Meeting through each step of the process.

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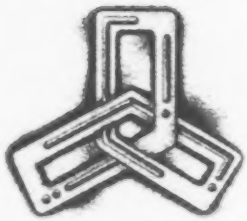

Appendix

The worker can assess obstacles to Extended Family Meetings and can strategically use the Kinship Care Extended Family Service Agreement to overcome them.

Module V: The worker knows that the service plan is based on the family triad assessment.

The worker is aware of the wide variety of roles he/she may need to play when intervening with the triad during kinship care service delivery.

The worker understands how to use the service plan as a tool in working with the kinship care family toward meeting the child's needs.

The worker knows how to apply principles of crisis intervention to the triad when crises arise during kinship care service delivery.

The worker is aware of caregiver support groups as an important supportive intervention during kinship care service delivery.

Module VI: The worker is aware of the need to take client cultural and ethnic experiences into account when preparing to deliver kinship care services to a specific triad.

The worker is aware of kin relationships, and how these are perceived in a variety of different cultures.

Module VII: The worker can use various possible permanency outcomes for children to develop different termination strategies for kinship care services.

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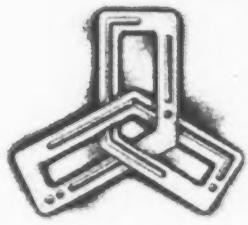

Bibliography

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children & Youth Services Review,* 16(1–2), 33–63.

Bonecutter, F. J. & Gleeson, J. P. (1997). Broadening our view: Lessons from kinship foster care. *Journal of Multicultural Social Work,* 5(1–2), 99–119.

Chalfie, D. (1994). *Going It Alone.* Washington, DC: American Association of Retired Persons.

Child Welfare League of America. (1994). *Kinship care: A natural bridge.* Washington, DC: Author.

Crumbley, J. & Little, R.L. (Eds.) (1997). *Relatives raising children: An overview of kinship care.* Washington, DC: Child Welfare League of America.

Danzy, J. & Jackson, S. M. (1997). Family preservation and support services: A missed opportunity for kinship care. *Child Welfare,* 76(1), 31–44.

Dillon, D. (1994). Understanding and assessment of intragroup dynamics in family foster care: African American families. *Child Welfare,* 73(2), 129–139.

Dubowitz, H., Feigelman, S., Harrington, D., Starr, R., Jr., Zuravin, S., & Sawyer, R. (1994). Children in kinship care: How do they fare? *Children & Youth Services Review,* 16(1–2), 85–106.

Dubowitz, H., Feigelman, & Zuravin, S. (1993). A profile of kinship care. *Child Welfare,* 72(2), 153–169.

Gebel, T.J. (1996). Kinship care and non-relative family foster care: A comparison of caregiver attributes and attitudes. *Child Welfare,* 75(1), 5–18.

Gleeson, J. P. & Craig, L. C. (1994). Kinship care in child welfare: An analysis of states' policies. *Children & Youth Services Review,* 16(1–2), 7–31.

Hornby, H., Zeller, D., & Karraker, D. (1996). Kinship care in America: What outcomes should policy seek? *Child Welfare,* 75, 397–418.

Iglehart, A. P. (1994). Kinship foster care: Placement, service, and outcome issues. *Children & Youth Services Review,* 16(1–2), 107–122.

Iglehart, A. P. (1995). Readiness for independence: Comparison of foster care, kinship care, and non-foster care adolescents. *Children & Youth Services Review,* 17(3), 417–432.

Jackson, S. & Durham, A. (1987). *Intensive family services: A family preservation service delivery model.* Baltimore, MD: Maryland Dept. of Human Resources, Social Services Administration, Services to Families with Children.

Pecora, P. J., Whittaker, J. K., & Maluccio, A. N. (1992). *The child welfare challenge: Policy, practice, and research.* New York: Aldine de Gruyter.

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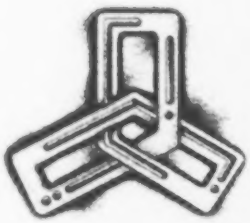

Bibliography

Scannapieco, M. & Hegar, R. L. (1995). Kinship care: Two case management models. *Child and Adolescent Social Work Journal,* 12(2), 147–156.

Scannapieco, M. & Jackson, S. (1996). Kinship care: The African American response to family preservation. *Social Work,* 41(2), 190–196.

Wilhelmus, M. (1998). Mediation in kinship care: Another step in the provision of culturally relevant child welfare services. *Social Work,* 43(2), 117–126.

Wilson, D.B. & Chipungu, S.S. (1996, Sept./Oct.). Kinship care. Special Issue, *Child Welfare.*

Zuskin, R. (1994). *Double abuse, assessment, treatment, and collaboration: A trainer's manual and curriculum guide.* Baltimore, MD: University of Maryland at Baltimore, School of Social Work.

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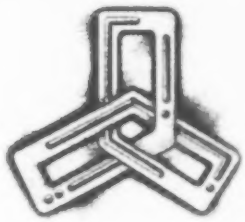

About the Authors

Sondra M. Jackson, MSW, LCSW, is a faculty member and the Director of Training at the University of Maryland School of Social Work. Ms. Jackson has years of experience in practice and policy development. She was Assistant Director for Family and Children Services in the Baltimore City Department of Social Services. She has served as Interim Executive Director, Deputy Director, Office Director, and Family Services Program Manager at the Maryland State Social Services Administration. Ms. Jackson developed the nationally recognized Maryland Intensive Family Services Program.

For more than 10 years, Ms. Jackson has conducted training sessions and workshops nationally to improve social workers' skills, including a culturally sensitive approach to service delivery. Her emphasis on helping professionals build on family strengths and increase cultural competence has led her to develop the triad kinship care model. Ms. Jackson has presented numerous papers, workshops, and conference keynote addresses. Her recent publications appear in the journals *Social Work* and *Child Welfare*. She is co-editor of the January 1997 *Child Welfare* journal entitled "Perspectives on Serving African American Children, Youths, and Families."

Ms. Jackson's many professional memberships include: The Children's Defense Fund, The Black Community Crusade for Children, Black Administrators in Child Welfare, and the CWLA National Advisory Committee for Kinship Care.

Joanne L. Mathews, ACSW, MSW, is a Senior Training Consultant for the Child Welfare League of America. She brings over 15 years of experience in adoption, family foster care, and child protection in both the public and private sectors. Ms. Mathews has significant training experience, having managed the training division of a state child welfare system and provided training on a wide range of topics and in a variety of settings. Ms. Mathews served as the Clinical Director of a private adoption agency in Massachusetts.

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